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Preschool Number

Preparation for Parenthood
Education of the Child of Preschool Age
Lois Hayden Meek, Mary J. Dunn, Anna Heisler

What of the Community Chest?
Gertrude Hussey Sternhagen

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LULLABY FOR A CITY BABY

The Child Faces the City

From a pen drawing by Ralph M. Pearson

Courtesy of The Survey

Little urban urchin, sleep!
Dream the song the night is singing;
Lordly towers thy watch shall keep,
And bells ringing.
Sleep, little urchin, sleep.

Little city baby, sleep!
Hear, in dreams, the ferries blowing;
They discuss in voices deep
Where they're going.
(Sleep, little tadpole, sleep.)
Dream about their lovely names:
Christopher and Lackawanna;

. . . . . .

Baby rocked in noise and din,
Let the sounds come gently in:
Sleep, my darling, sleep.

. . . . . .

Wheels and horns and bells ringing—
Dream the song the town is singing.
Sleep, little man-child, sleep.

E. W. B.

The New Yorker

BABE OF THE FIELDS

By Grace Turner
American Child Health Association

While you are sleeping
Stars will be keeping
Watch in the sky,—
Lullaby, lambkin, lullaby.

Soft sings the night-breeze
Through the dark pine trees;
Safe in your nest,
Rest, little birdling, sweetly rest.

Hushed is the hillside
Where wee blossoms hide
In the grass, deep,—
Sleep, my floweret; go to sleep.

Waters of wood stream
Flow still as the dream
That folds you in
Slumber, my precious, my babykin.

EDUCATION OF PRESCHOOL CHILDREN

By Lois Hayden Meek
Educational Secretary, American Association of University Women

Editor's Foreword: Dr. Meek's article is the keynote to the material which we are offering our readers in this special preschool number. "Child life as an integrated whole" deeply concerns the public health nurse whether her job is predominantly teaching or nursing. Its study leads directly to the consideration of the parent's influence on the child, an influence which the nurse is in a strategic position to guide.

THERE is probably no movement in the field of education which is attracting such widespread attention today as the movement for the education of children of preschool age. There is probably no recent discovery in the field of psychology so significant as the one that "education" begins, not in the kindergarten or first grade, but at birth. When a mother hands over her six-year-old to a teacher, she is not entrusting to the schools a being whose character will be as wax, to be molded easily in any pattern. She is giving to the teacher a complex personality; a bundle of habits, some good, some bad; an individual, rebellious or shy or assertive or lazy. At six a child is as different from his fellows as men are at sixty. And yet, for centuries, little has been done to develop systematically the child's character during these early, important years.

Not only does the child's character bear the marks of these first six years throughout the remainder of his life; his physical condition at maturity also reflects the hygiene of those early years. It has been found in child health work that children acquire many physical defects during those heretofore unsupervised years between birth and school attendance.

From unexpected sources we hear the plea: "Safeguard those early years." Thus the reports of juvenile courts show us that the seeds of crime are often planted during the first six years of the child's life. Visiting teachers and clinics have shown us that if we would develop a healthy adult—healthy mentally, morally, and physically—we must develop a healthy child. We must, indeed, go back even further. We must develop healthy infants—healthy mentally, morally, and physically. The child psychologist seems justified in saying that, of man's allotted three score years and ten, the first six are the most critical.

To the parent has been entrusted these critical years. If the home has been a good one, the benign influence of the school can be only supplementary. If the home has been a bad one, perhaps the school will not be able to undo the mischief which has already been wrought. And by a bad home is not meant one in which the parents are ignorant or criminals, or in which the father is a drunkard. An only child may be ruined forever by sweet, too lovable, indulgent parents. An ill-favored brother may become shy and beaten down without his parents suspecting it. For this reason the preschool education movement is vitally concerned with the education of parents.

The preschool movement for purposes of discussion may be divided in four phases: research, nursery schools, clinics, parent education.

RESEARCH

Ten years ago very little of a scientific nature was known about children below six years of age. There had been some few studies made through observations and record keeping, but not much of value. With the realization of the need from a social and health point of view, of improving conditions in the home for young children, an impetus came to study and learn more about them. The most notable work was done by three psychologists:

Dr. John Watson's studies on babies at the psychological laboratory of Johns Hopkins;

Dr. Bird Baldwin's studies in physical and mental growth at the Iowa Child Welfare Research Station;

Dr. Arnold Gesell's studies in mental development at the Yale Psycho-Clinic.

Today research studies are being made at a large number of universities and colleges. The most significant of these are the institutions which have established centers of child welfare research such as Iowa, Yale, Teachers College, Columbia University, University of Minnesota, University of California, in the United States, and University of Toronto and McGill in Canada. Two other centers which should be especially mentioned are the Merrill-Palmer School of Homemaking in Detroit and the Washington Child Research Center.

Each of these centers is endeavoring to base its research on the principle that child life is an integrated whole, that no aspect can be separated which is not influenced by the rest. Mental, physical, emotional, social qualities are all only aspects of a total process of development each of which is integrated with and dependent upon the others. Studies which are made of any portion of a child's life will be valid only if the data are collected and interpreted from this point of view.

Some significant studies have been published during the past five years in mental development, physiological growth, nutrition, emotional development, personality traits, language development, and educational materials. The Bureau of Educational Experiments in New York City has done especially noteworthy work in the publication of educational materials. The Child Development Abstracting Service of the Division of Psychology and Anthropology of the National Research Council is invaluable in keeping those who are interested in touch with published research studies in this field.

NURSERY SCHOOLS

The movement for nursery schools has developed so rapidly in the past five years that it is almost impossible to keep abreast of it. The movement in the United States has been strongly influenced by the English nursery school. In fact the three earliest nursery schools in this country very definitely took their departure from what was being done in England. At Teachers College, Columbia University, Miss Grace Owen was brought from England to give the first series of lectures and supervise the first attempt at a nursery school; the nursery school at Merrill-Palmer was organized and taught by a teacher from England; the director of the Boston Nursery School studied a year in England before she began her work here. For several years teachers for nursery schools were brought from England. This influence, however, is gradually decreasing as we have begun to adapt this new educational institution to the needs in the United States and to integrate it with the philosophy and psychology of American education. Today the majority of teachers in nursery schools have been trained in the United States. There is one outstanding difference between the nursery schools in England and the United States today. In England they are largely social welfare institutions in the crowded districts for the children of industrial workers. In the United States they are for the most part educational institutions and as such have taken the children of those intelligent parents most ready to understand and coöperate with experimental education.

The nursery schools which have been mentioned are for the most part centers for research and for training teachers and research workers. Another group of nursery schools has been developed by home economics departments in universities as part of their program in educating young girls for future home-making and parenthood. Cornell, Iowa State College, Ohio State College, and University of Georgia are among those that have developed such projects.

A few teachers' colleges and normal schools have opened nursery schools either for training nursery school

teachers or for giving kindergarten and first grade teachers experience with younger children.

Private nursery schools interested in the education of children and parents have been opened by groups of parents, by private schools and by individuals. Some of the day nurseries have been reorganized and changed to nursery schools.

A recent list which has been compiled includes a total of 80 nursery schools scattered in 22 states and organized for a variety of purposes.

No matter whether the initiating purpose of the nursery school be education of parents, training for future motherhood, training teachers, or research in child development, it is organized to give to each child the best environment for his complete development. The building and equipment are selected on the basis of the needs of young children for physical activity, muscular exercise, creative play, for attending to personal habits, for assuming independent responsibilities. Opportunity for social development is provided through association in varied activities with children of about the same age. One of the values of the nursery school lies in the trained teacher who is in charge of the children. It is a great asset in the development and growth of children to have them under the guidance of a woman who understands and appreciates child behavior, who can see beyond the immediate act to the causes that underlie and the results that will probably come. Such a woman knows what to expect of children; she neither discourages them by demanding too much nor lets them become too dependent or irritated by undervaluing their abilities. The adult who understands is sympathetic but objective, appreciative but ready to stimulate improvement and growth.

If one summed up the main values of a nursery school to the development of young children they would be: an environment which stimulates constructive activities; social contacts with other children; and the guidance of a trained teacher.

CLINICS

The clinic is another agency which is giving service to children of preschool age. The work of the health clinics and consultation centers are so well known that one need only mention them. A later development has come in the mental hygiene clinics or behavior clinics. To such clinics come parents whose children have become problems. Disobedience, thumb-sucking, masturbation, enuresis, nail-biting, stuttering, tantrums, food refusals and prejudices, poor sleeping, night terrors, fears of dark, of animals and of many other things, jealousy, cruelty, antagonisms, lying, stealing, bashfulness, running away, are some of the problems which confront parents and which they need the help of a specialist to solve. There are very few behavior clinics which take only preschool children, but many of the child guidance clinics are gradually accepting more and more young children. The clinic of Dr. D. A. Thom in Boston is entirely for preschool children. From this clinic has come much of the best literature on the mental hygiene of young children.

PARENTAL EDUCATION

Probably the most far reaching aspect of the preschool movement has been the work in the education of parents. With the realization of the importance of the early years of a child's life comes the realization of the importance of home and parents. A little child is as he is largely because his parents and home are what they are. A little child's life is completely dominated by the adults in his home. What he eats, what he wears, how much he sleeps, how much he plays outdoors, what he has to play with, whom he plays with, what language he hears, what standards he begins to accept—all these and more are determined for a little child by his parents and home. These are the factors likewise which most affect his development mentally, socially and emotionally. If we would improve little children it can only be done by changing the adults who control his environment.

Activities for the education of parents of young children are develop-

ing so rapidly that one can scarcely keep track of them. The majority of nursery schools have as an integral part of their program the education of parents. Clinics when dealing with preschool children become almost parent consultation centers since most of the work must be done with and through the parents rather than with the child directly.

Books, magazines, lectures, radio are all being used as mediums to bring scientific information to parents. The work which is being done to organize groups of parents (usually mothers but sometimes fathers) for continuous and consecutive study is most encouraging. The Child Study Association of America, The American Association of University Women, The Parent Teacher Association, are three national organizations which are active in this work. The first two have developed materials for study which have found widespread use. *Children, the Magazine for Parents,* a monthly magazine two years old, devoted entirely to information for parents, has done much to stimulate interest in serious study.

INSTITUTE ON NEO-NATAL MORTALITY

An Institute on Neo-Natal Mortality for Nurses and Midwives was held May 2nd and 3rd in Newark, New Jersey, under the auspices of the Bureau of Child Hygiene of the New Jersey State Department of Health. This was the first joint conference ever held and was called to study the needs of the future.

Dr. Elizabeth Tandy of the Children's Bureau gave a statement of the situation in neo-natal mortality in the United States. About one-half of the infant deaths under one year are in the first month of life, 52 per cent. The trend of neo-natal deaths is not downward. It has been steady since 1921. The four main types of causes for death in the first month of life are:

Natal or prenatal causes.
Diseases of respiratory system.
Gastro-intestinal diseases.
Epidemic and communicable.

Of these the first group is by far the largest, 82 per cent. Pre-maturity accounts for much of it.

Dr. Eugene S. Coler reported on a study of causes of death in the first two weeks of life as determined by routine autopsies performed at Sloane Hospital in New York City. As a result of this study, causes of death in babies are better understood. In some cases death ascribed to asphyxia was found to be due to a fracture of the cervical vertebrae. This discovery changed completely the delivery technique of breech presentation. Intercranial hemorrhage, abdominal hemorrhage and shock, inspiration of amniotic fluid followed by pneumonia, hyaline membrane over the alveoli of lungs were some of the other causes of death only recently understood. Nurses were particularly warned to handle the baby gently in resuscitation, to be sure that the nose, mouth and trachea are completely drained of mucus by suspending the baby by its legs, to exercise the greatest caution in the care of the baby's cord. The nurse herself should be in excellent condition physically while she is on duty in the nursery. It is extremely dangerous for a nurse with sore throat, cold, infected finger or the like, to be responsible for new born babies.

Miss Anna Ewing, Superintendent, Visiting Nurse Association, in an informal discussion, stated that Newark had maintained a delivery service for two years but had been forced to give it up as it was found that each delivery was costing $10.73 with a return of less than 50 per cent on the cost. There was not sufficient call from the doctors to maintain the service.

Dr. George Kosmak of New York City emphasized the need of better training in obstetrical practice for nurses. It is more valuable, he said, for the nurse to know how to handle the baby after birth while the doctor is busy with the mother than to be able to describe foetal circulation in an examination paper. There is considerable variation in the ability of women to bear children. Racial variation, lack of exercise, lack of right food or enough food and the fear of child-birth all play a part. He called attention to the very grave danger of harm to the baby in the use of narcotic drugs during delivery and urged the nurse to do her best to persuade the mother that a certain amount of pain is to be expected if she is to deliver a normal living child.

CLASSES IN CHILD CARE FOR CHILDREN

By Anna Heisler
Staff Associate, American Child Health Association

RECENTLY, President Lowell of Harvard addressed the Department of Superintendence of the National Education Association on the subject "The Secondary School Provides Entrance Requirements for Higher Education." In answering him, Frank D. Boynton, President-elect of the National Education Association's Department of Superintendence, said: President Lowell seems to think that the main function of the American high school is to send its pupils to college. . . . Our objective is not to train a chosen few for higher education, but to prepare all our students for American conditions of life." With which of those two opinions do we as public health nurses agree? We know, from our daily contact with children of various intellectual, social and economic levels, that comparatively few of the children in the elementary grades will ever reach college. Hence most of us will agree with the latter opinion. We can perhaps further agree that one addition to the present public school curriculum which would assist greatly in the "preparation of all our students for American conditions of life" would be a course in child care. For whoever these students are, and whatever else they may do, many of them will become parents or have some responsibility for the care of children some time in their lives.

RESULTS OF CHILD CARE COURSES

What good results might we reasonably expect from a course in child care given to all school children?

Increased knowledge of sources of help for parents and appreciation of the work of the State and United States Government Bureaus in the interest of child health.

Increased interest in and feeling of responsibility for children in general inculcated during the plastic age.

More scientific and less emotional attitude toward children generally and toward one's own in particular.

Appreciation of the responsibility of parenthood, and a healthier parenthood.

More widespread use of improved standards of child care, resulting in reduction of morbidity and mortality rates among infants and children.

Increased opportunity for sound emotional as well as physical development.

Many of us believe that these desirable results may be obtained from such a course; some may, nevertheless, think that these courses are no longer necessary in the schools since the increasing opportunities for parent education make it possible for parents to be trained on the job. It is true that the parent in service is much more vitally interested and more keenly attentive when he meets the specific and immediate problems of child care. His receptive mood makes the teaching much easier and more effective. Will the mother be able to get the information that she needs, and will it be available? "Training on the job" is at best always an emergency measure and never entirely satisfactory either to the worker or to his product. Furthermore, any preliminary training which a workman has had stands him in good stead. If this is true in any other kind of job, why not in the singularly complex one of parenthood? The professional man or woman continues to study throughout his or her professional career. Such a procedure would seem wise in the profession of parenthood.

RELATIONSHIP OF THE PUBLIC HEALTH NURSE

If we are convinced that there is still real need for this course of study in child care in the schools, what can we as public health nurses do about it? Probably, without discussion, we realize that eventually the classroom

teacher must take on the task of conducting these classes. We know that many of the nurses engaged in school work cannot qualify as classroom teachers, since they have not been trained in educational methods. Even if they are properly qualified for this task, there will be an insufficient number of them to reach all classes needing instruction. On the other hand, the classroom teacher is already pedagogically trained (barring certain rural sections of the country) and is already present in every classroom in the country. For this reason, there is greater possibility of universal acceptance of the course as an essential part of the school curriculum, if this subject is included as one of the regular subjects taught by the classroom teacher. Ideally, the teacher would be required to take a prescribed minimum course in child care; and Dr. Lucille Spire Blachly, Director, Bureau of Maternity and Infancy, State Department of Health, Oklahoma, thinks that the teacher should be "mature."

Where lessons in child care are included in the home economics course in the high schools, the teachers are well equipped to give the instruction. To meet the growing need for additional teachers of child care, however, some states are offering special courses in this subject.

Wisconsin reports "group demonstrations . . . including 199 given in rural schools in training teachers to present courses in infant hygiene."

Oklahoma's report to the Children's Bureau for the fiscal year ending June 30, 1927, reads as follows: "Twenty-three teachers' classes in infant hygiene were organized, in which 876 teachers were enrolled."

Minnesota states: "At the present time the Division of Child Hygiene is giving instruction in methods of teaching infant care and child care to all the senior students in the State Teachers' Colleges, so that these girls will be prepared to teach the work when they go into their schools." A later report says: "For the purpose of preparing rural teachers to give courses in infant care in small schools, one of the nurses gave twenty-five lectures and demonstrations in the State Teachers' Colleges to a total attendance of 552."

New Jersey reports: "Courses in child hygiene consisting of one lecture a week for 10 weeks were given to the senior students in the five State Normal Schools."

Public health nurses who are not teaching classes themselves can be of considerable help in these courses in various ways:

The nurse can talk to the teachers, principals and superintendents about the desirability of such a course or discuss with the heads of teachers' colleges the need for teachers of these courses.

Through personal influence with a member of the State Department of Education arouse state interest in these courses.

Get the matter presented to the State Teachers' Association.

Assist in preparing the subject matter for the lessons.

Teach the teachers such a course in the normal schools and colleges.

Be ready to supplement the work of the classroom teacher.

Seize every opportunity to learn more about teaching; for whether the nurse is teaching in the classroom or in the home, giving instruction to groups or to individuals, she needs to improve her technique as a teacher.

While the classroom teachers are being prepared in sufficient numbers to teach this course, the nurses by continuing to conduct the classes can demonstrate the usefulness of such a course, at the same time giving the valuable information to a considerable number of girls.

WHEN SHOULD CHILD CARE BE TAUGHT?

One question that naturally arises in connection with the introduction of a new subject in the curriculum is the year in which it shall be taught. Conditions vary so greatly in different sections of the country (and even in neighboring communities in the same state) that no hard and fast rule can be laid down. The following figures, however, may serve as a basis in determining when the lessons in child care may be of the greatest benefit to the greatest number. Similar figures might be considered for a local community:

School attendance figures for 1925 show that 90 per cent of the children who are from 7 to 13 years of age are attending school. After the age of 13 the percentage

of children in school decreases with each added year of age.

Of the total 10,876,572 females attending school, 8,748,335 are under 15 years of age; only 2,128,237 are 15 years of age or over.

"In 17 states there is no minority age limit for marriage.

"In 9 states the legal marriage age for girls is 12 years.

"13,000 girls 15 years of age are legally married.

"50,000 girls 16 years of age are legally married.

"19 per cent of girls 18 years of age are legally married.

"700,000 persons in this country were married while still under 16 years of age.

"The girl who stops school at the seventh or eighth grade will have 3 or 4 children; the girl who finishes high school will have 2; while college graduates will average from .35 to .95 of a child."

1,643 babies were born to mothers 10–14 years of age in 1925.

192,341 babies were born to mothers only 19 years old or younger (more than 10 per cent of the babies born in the United States birth registration area that year).

CONTENT OF THE COURSE

Miss Agnes K. Hanna, Children's Bureau, says of the subject matter:

> There are two different types of courses in child care that may be found in the schools. The junior courses . . . cover usually 10 to 20 lessons concerned primarily with the physical care of the infant and preschool child. . . . The senior courses are offered to the more mature students in the eleventh and twelfth grades. Such courses include the study of child psychology and child management as well as the physical care of children, and may include a study of reproduction and care of the expectant mother. . . .
>
> An analysis of the outlines for junior courses in child care (little mothers' classes) prepared by several state departments shows that there is much difference of opinion as to the topics to be included, the emphasis given to different topics, and the sequence in which they have been presented. Some states have outlined short courses concerned primarily with the care of the baby; others have planned courses that combine lessons on personal and community hygiene with lessons on child care. . . . Since the study of child care may be considered as an integral part of either the general health education of a school or the home economics course, the person writing the study material for school use should consider such correlations with great care.

Whatever the content of these courses, whoever the teacher may be, there should be definite agreement among all teachers of child care in a given community as to the standards, methods, techniques, and procedures that are to be taught to children at school and to mothers at home or in class groups.

Uniformity could perhaps best be brought about in each state through a joint committee representing the Vocational Education Bureau, the Home Economics Bureau of the Department of Education, and the Division of Child Hygiene of the State Board of Health. The nurse would have a particularly valuable contribution to make to such an outline for a course in child care, since she has had in addition to theoretical instruction, the actual experience of administering to the child's every need throughout the twenty-four hours.

Such coöperation as suggested above is seen in Wisconsin, where the Bureau of Child Welfare of the State Board of Health is coöperating with the State Department of Public Instruction, the State Board of Vocational Education, and the State Board of Normal Regents, with the aim of realizing the ideal expressed in their slogan: "Every Wisconsin Girl Educated for Intelligent Motherhood."

OTHER CONSIDERATIONS

Some other points that will naturally come up for consideration are the matters of equipment and correlations with other subjects. Both of these points are very well presented in *A Survey of Public School Courses in Child Care for Girls*, by Lelah Mae Crabbs and Mabel Lawrence Miller, Merrill-Palmer School, Detroit, and in *Typical Child Care and Parenthood Education in Home Economics Departments*, by Emeline S. Whitcomb, and need not be discussed here.

WIDESPREAD INTEREST

In the reports of the State Divisions of Child Hygiene to the Children's Bureau, for the fiscal year ending June 30, 1927, 31 states report classes in child care for girls, with 19,434 completing the course, as against 26 states, and 11,321 completing the

course the preceding year. The figures are too small for both years, since some states do not report their figures at all, and some give only the number of students enrolled, not the number completing the course.

Michigan seems to lead with about 6,400 girls for each of these two years. Dr. Blanche Haines reports: "Already 34,278 Michigan girls between 10 and 16 years of age have been taught the rudiments of infant care."

Wisconsin reports: "Nearly 5,000 girls completed the course in infant hygiene in 1926–7 which has been a part of the school curriculum since 1923."

In the high schools of the country, a large percentage of the girls who are enrolled for home economics courses are receiving instruction in child care. In 1920–1922, "An average of 16 per cent of the entire enrollment of students in 13,700 public secondary schools in the United States were enrolled in home economics courses; and reports show that child care courses are included in 67 per cent of the states and in 87 per cent of the local places reporting." The figures for the current year are, no doubt, larger than those quoted above.

The American Red Cross reported:

During our fiscal year 1925–26, 38,152 pupils have received instruction in home hygiene, and 28,023 certificates were issued to public school pupils.

The American Home Economics Association made the following recommendation at its annual meeting in 1925:

The following special problems seem of vital importance to the Association and it is recommended: That the Association include a program of child study which represents all phases of child care and management, as a fundamental part in all curricula which have as their aim training for homemaking and parenthood, and that the full coöperation of this Association be given all agencies which are studying some one or more phases of this problem. We recommend the appointment of a committee to formulate the policy and guide the work in this field.

From these and other reports it is evident that the number of child care classes is increasing and that there is a tendency among all organizations interested toward coöperation. In conclusion I quote Dr. Josephine Baker:

In the very beginning we went to the public schools and asked them to put in these courses. They all refused. In New York they are still refusing. And while I do not feel that the little mothers' leagues are in any sense to be taken as better than the courses in the schools, they are, for the present moment at least, the only thing that we can do in some parts of the country. Some of the large cities have introduced courses in child care in the seventh or eighth grade, as Miss Hanna says; but by and large through the country this is a movement that comes along slowly. I should be glad to see the time when the little mothers' leagues go out of existence because the training in child care has been made part of our regular school curriculum; but at present we have in the little mothers' leagues one of the greatest weapons at our command in the reduction of the baby death rate, because, after all, what we are doing is laying the basis for sound motherhood as well as for the immediate results. And if the basis of all our efforts is education, as I believe it is, the time to start education is the time when the child or young person takes it as part of her ordinary training. Therefore, I do hope that these classes for the teaching of girls will go on.

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BRINGING UP GOOD HUSBANDS

By Mrs. Isabelle W. Baker, R.N.
National Director, Instruction in Home Hygiene and Care of the Sick, American Red Cross

Illustrations by Catherine Lewis

"DEAR Mrs. Baker: I am the baby in my family, so we have no baby for me to bathe or to care for like I am taught to do in my Home Hygiene class at school. But I like the lessons about care of the baby best, because when I grow up, the lady I marry may not know how to take care of the baby."

This is but one of hundreds of letters from boys in schools north, east, south, and west who have written during the year about their classes in Home Hygiene and Care of the Sick. We hope the pessimistic view taken by this 12-year-old boy of the capabilities of the girls of this decade is not justified, but we must admit nevertheless that increasing numbers of men and boys are enrolling in our Home Hygiene classes, and all express themselves as pleased with learning how to care for the baby! We are, however, doing our best to train a good wife for our little friend, because in the past year we have also had an ever-increasing number of classes in Home Hygiene and Care of the Sick among school girls of the high school age.

Wanted—More Aprons!

Naturally interest centers in the men and boys who take the course, because since time immemorial the idea has prevailed of training girls to be "good wives," and training boys only as "good providers." The fact that boys should learn to wash dishes, make beds, care for the sick at home or in the neighbor's house, bathe the baby, or set the table, has been regarded as *lese-majeste* by the male species. These were women's tasks. But knowledge never hurt anyone, and we have found that the emphasis placed on prevention of disease, and preservation of good health in these classes appeals to the boys, as well as to girls. So we have launched into the work of bringing up good husbands.

My correspondents among the boys have written me many strange things. There is the small boy who confided "I sometimes washed the dishes because my mama made me. I certainly didn't wash them well. Now I have learned to wash between the tines of the forks, and to rinse the dishes in hot water. It is much healthier." Another wrote that his Home Hygiene teacher taught him to hang up his clothes at night, and this he found a great improvement, because now he could find them when he got up in the morning! He also opened his window, which "makes me sleep lots sounder"; he learned to keep the house clean and set the table, and while there was no

"— IT'S MOTHER DIDN'T MIND"

baby at home, he "practiced on the baby next door, and its mother didn't mind."

Charles Kolodziej writes: "The part of the Home Hygiene course I liked best was about how and where to build a house. For in the future, it is my father's plan to build a house. Therefore I shall help him by suggest-

ing to him how to build it. I shall tell him to build the house on a large, elevated lot, on which the sun shines with ease. The basement is to have a concrete floor; it is to have many windows

to keep the damp out. The kitchen should be built in the sunniest part of the building.

"I likewise liked about feeding the baby. When a baby is nine months we give it the yellow of an egg. The yellow of the egg has iron in it and the baby needs iron. A baby ought to have a drink of orange juice daily; never put sugar in the orange juice, because it may affect the baby's stomach."

No Longer a Barbarian

Edward Szymko was a very "unorderly boy at the table," he wrote, but all that is improved now—"Indeed, I was a regular barbarian," he says, "it is wonderful how much I am improved in manners. My brothers have seen how I have improved, and are trying the same thing now, so that our table is very orderly. I didn't care in what hand I held my fork or knife, how I held my spoon, or how I asked for food."

Enrollment of boys in these classes has been almost exclusively through the schools although in a Louisiana community when registrations for classes were called for, a large group of boys and young men appeared along with the girls and women. There was much amusement among the boys and men and it was felt perhaps they had come to scoff. But if so, they remained to study, because they organized two classes and carried through every lesson, receiving their certificates at the close.

These young men who were largely from logging camps, farms and factories, were especially interested in the various sick room procedures and soon became adepts at changing the bed linen with one of their classmates as the "sick patient." They showed keen interest in the lessons on infant and child care, tenderly handling the manikin baby, and in learning how to bathe and dress it properly. There was no embarrassment, and no sheepish grins as they were too intent on doing this job well. Our instructor said she realized that "mother instinct" was well matched by "father intelligence." The classes also have made a strong appeal to fraternal organizations, because whether wives believe it or not, lodge members do have to sit up with sick friends, as it is part of their pledge in joining. One national organization applied to us to recommend a Red Cross nurse for employment by them to teach their branches Home

Hygiene and Care of the Sick. This care by men of their fellow lodge members is especially helpful in the small towns and rural communities.

Just recently a group of men—some young married men, others bachelors—concluded a course as First Aid Instructors in the Commonwealth Edison Company in Chicago. A concluding lecture by a Red Cross Home Hygiene Instructor so interested and intrigued them that they requested that the full Home Hygiene course be given them.

A New Question Every Lesson

This instruction carried a variety of appeals for them, according to their circumstances in life. One of the men, whose home boasted a young hopeful of three weeks old, came to class with a new question every lesson. He was instrumental in having the baby registered at the Infant Welfare station and thinks this baby has more advantages now because he has been able to advise the mother who, because of family responsibilities, could not attend similar classes for women. Two others had a keen interest in diseases of children, as each had large families of school age, and wanted to know how to keep the family well.

The men said they felt that with their First Aid courses and this Home Hygiene and Care of the Sick course they were fitted to cope with almost any situation regarding safety or health. They told other men in their plant, and we are now advised that a second class has been organized.

Addressing a Red Cross Chapter workers institute recently, one of our men prominent in Red Cross work had this to say of the textbook:

> I believe that a "Home Hygiene and Care of the Sick" book should be presented to every young married couple when they buy a home. When I bought my "baby Chrysler," the factory gave me a manual of instructions for operating it. When I bought my home, no manual was given me, and when the first baby, Barbara Lee, came, no book of instructions came with her! If I were a real estate man, I'd give a "Home Hygiene" book to every purchaser of a home whom I signed up.

We abstract some interesting points from an article in the *Nursing Times* dealing with "The Nervous Child," by Louise McIlroy, M.D., D.Sc., Professor of Obstetrics, University of London:

It is difficult to define what we mean by a nervous baby. Is this a problem of the body? Is it a problem of the mind? "Nerves" are the result of bad management in early life and the neglect of physiological principles. It is unlikely that the psychology of the child is much influenced by the mental attitudes of the parents at the time of conception; it is probable, however, that during ante-natal life, the neurotic mother reacts upon the unborn child. A tranquil pregnancy will produce a healthy child. In the care of the mother the most important duty of the doctor and nurse is to banish all feeling of fear. A mother assured of her safety will travel safely through quite grave complications.

After birth, the factor of environment immediately starts to mould the mental life. The less the baby is handled in the first few hours after birth, the less do we add to the shock of the journey the baby has just made. Warmth, only absolutely necessary bathing (preferably with olive oil), and we may go far toward establishing normal nutrition and growth and placid nerves. A worried, sleepless mother produces poor milk and the child suffers. Irregular feedings, and night feedings make a dyspeptic child. The darkness is the time for sleep for all young animals. Nor must water be forgotten. Sometimes a baby is restless because it wants to change its position, it is lonely, cases are on record where a feeble baby did better snuggling close to its mother than in a separate crib. Of course all such unnecessary and unnatural devices as pacifiers, elaborate clothes with ribbons, bonnets, etc., only serve to irritate the child and form bad habits. Regularity of life, as much sun shine as possible, vitaglass in the nursery windows, fresh air all the time, and a cheerful calm mother, will prevent "nerves" in the baby.

THE PUBLIC HEALTH NURSE IN THE NURSERY SCHOOL

By Mary J. Dunn

WHAT is a nursery school? How has it developed? What part may the nurse play in its program? The nursery school has been called "the preschool child of the Child Welfare movement." It should be considered as a social institution; as an adjunct to the home—not as a substitute for it. As it is known today, it is an outgrowth of a movement which was undertaken in the latter part of the eighteenth century, when John Oberlin, pastor of a church in Alsace, opened the doors of the school to the two-year old. This man of insight and vision insisted that gentleness should be a quality of the teachers and his curriculum was modern, in that he urged the teaching of nature study.

In England, the nursery school was first organized as a real social need, following the Industrial Revolution. Prior to this period, work was done mostly in the homes and near-by work shops, but, with the introduction of steam and machinery conditions were changed. Churchmen and philanthropists saw the need of the toddler, as the preschool child was then called, and the next step in the nursery school movement was taken in 1800 by Robert Owen, the owner of a mill in England. He provided a school for the toddlers of his working families, the one requirement of admission being that the children must be able to walk. His curriculum was one of play, sunlight and harmony. His greatest difficulty, however, was to procure teachers to carry out this modern scheme.

The idea of the nursery school was first transplanted to America in 1816 when a similar school was established in Boston. It was the intention of these early educators that the children should not be annoyed with books. However, formal discipline or instruction gradually crept in.

The kindergarten, founded through the labor of Friedrich Froebel, was introduced in the United States in 1855 and it has had a notable development. In 1907, Mme. Marie Montessori originated the much heralded "House of Childhood" as part of a model tenement enterprise in Rome.

Thus, the work of these four leaders—Oberlin, Owen, Froebel and Montessori—may be considered as the four big movements which have introduced our present day nursery school.

The nursery school developed in England to meet a real economic and social need,—felt so keenly that in 1918 the Fisher Bill was passed, not only to provide nursery schools but to appropriate a sum of money to train teachers for the work. In this country, it has developed chiefly for research teaching, laboratory material for students, parents and research workers.

DEVELOPMENT IN AMERICA

As England experienced a transitional period, so we in this country are experiencing a change of attitudes and social conditions which alter somewhat our mode of living. Considering present day living from this viewpoint we find three factors which encourage the nursery school movement. First the recognition of the mother's right to develop on her own level, as well as the child's right to develop on his level. Every mother needs some relief from the small child. Through this relief she is more apt to maintain a better home atmosphere; in fact, it may help to make her a better mother. We hear much these days about division of labor; perhaps we are on the threshold of division of labor in caring for children. A second transitional factor is an outgrowth from the objectionable parts of Freudian psychoanalysis to the realization of a sound mental hygiene. A third factor is the health

movement for the physical well being of the young child.

The set up for a nursery school is of necessity more complicated than that of any other similar group. Ideally, the arrangement should be that of a home in its intimate unity and in its equipment for physical care; but it must besides be planned for children, not for adults, in its space and furnishings. The essentials are: generous indoor and outdoor play space, adequate sleeping quarters, isolation room, dressing room, wash room, kitchen and stairs, besides the various offices for the staff members.

Inasmuch as every process in the care of a child is educational to him, a nursery school should be manned with an adequately trained staff. Professor Patty Hill says that "the nursery school must offer daily care of physicians, nurses, psychiatrists, psychologists, nutritionists, and teachers, all of whom must know this particular age group." In other words, each member of the staff should have not only a wide understanding of the emotional life of young children, around which all their education centers, but should possess, in addition, perfect control of her own emotional make-up.

No particle of education is unused in this art. Fundamental knowledge of the elementary principles of biology, psychology, and sociology are essential. On this ground work should be built up knowledge of the three aspects of child life.

- Understanding of his physical make-up and needs, measurements of health, symptoms of diseases, prevention of contagion.
- Understanding of the make-up of a little child's mind.
- Understanding of the importance of family relationships and their effect on the little child.

In regard to the staffing of nursery schools, it may be of interest to quote from a London report. "Each school should have one qualified teacher and a visiting nurse. Arrangement should also be made for a physician's regular visits. The staff should also include probationers working under the teacher and nurse."

PURPOSE OF THE NURSERY SCHOOL

The purpose or aim of the nursery school may be summed up under three general headings:

- The education of the children—teaching of health habits especially.
- The education of parents concerning the methods to be used in caring for children.
- The contribution to science regarding the life of the preschool child.

The advantages for the child are manifold. It affords:

- Daily physical inspection to catch any trouble at the start.
- Two regular medical examinations yearly.
- Proper diet and proper health habits.
- Abundant space and material for activity.
- Materials and equipment for development of motor control and coördination.
- Activities based on children's actual tendencies and abilities.
- Opportunity for individual progress.
- Development of initiative and self-reliance.
- Opportunity for self-expression.
- Contact with children under influence of teachers especially trained to work with children.

Parental education is promoted through various services to parents:

- Child study lectures, parent-teachers' meetings, personal interviews.
- Consultation center for examinations, diagnosis, and treatment of child problems.
- Mimeograph material—menus, bulletins, bibliographies.

For the student or research worker the nursery school serves as a laboratory. It affords an opportunity to the physical, mental and social growth of the young child.

The entire program of the nursery school is centered about the physical and mental health of the young child. This is accomplished through correct habit formation, based on sound mental hygiene principles. Should not the nurse, by special qualification and experience, be the logical one to fit in to such a program? Has she not a definite place in the teaching of health habits, in the taking of medical and social histories and in the making of intelligent home visits? Is she not the legitimate co-worker of the pediatrician?

NURSE'S DUTIES

The possible duties which a nurse may be called upon to perform are as follows:*

Morning medical inspection of children, students (working in laboratory), visitors.
Assisting with routine physical examinations: foot and hand impressions, urinalysis, vision and hearing testing, Von Pirquets, X-rays, blood counts.
First aid in case of minor injuries.
Weekly weighing and monthly measuring.
Observation of children in temporary isolation (cold "suspects," etc.).
Daily posture work.
Record keeping.
such as table duty and nap period. This makes the nurse a real part of the school and gives the children a greater sense of security than meeting her merely at the time of medical inspection and physical examination.
Relieving and supplementing for various class work, child care, sanitation and hygiene, nursery school technique.

The nurse should circulate among the children as much as possible. She should always be on the alert to see that the children are comfortably dressed, to spot evidences of fatigue—especially among the underweights and those hyper-active and easily stimulated, and to detect readily any abnormal physical symptoms.

Habitation Tendency—Finding Satisfaction

These duties and the following are used whenever possible as teaching situations for students, stressing the importance of observing mental hygiene principles for securing the best coöperation of the children.

History taking (covering the emotional life of the child).
Consultation with parents at school and at home.
Study of special problems such as enuresis, temper tantrums and fears.
Home visiting to determine relation of members of the family; attitudes and special problems; and to learn about yard space, play equipment, living quarters.
Participation (when time and other duties permit) in nursery school procedure,

For nurses who are interested in nursery school work it is suggested that:

Opportunity be made for observation of preschool children in a nursery school.
The nurse be equipped with a knowledge of mental hygiene, child psychology—principles and application, nursery school technique, social service technique, and individual gymnastics.
She should have a sufficient background and training to teach child care, social service technique and community health.

Why are not more nurses employed for full time service on a nursery school staff? The answer seems to involve three main reasons:

* This list is based upon the duties the writer performed during her year at the Cornell Nursery School, 1926–27.

Poor preparation on the part of the nurse.
Failure of the nursery school staff to recognize the nurse's worth as a participant of such a program.
Lack of funds on the part of the school itself.

Funds may be limited, and they usually are, but if we, as nurses, can create a real need for our type of service and can make satisfactory returns for the money invested, we shall find places waiting and will be considered as essential as the teacher or nutritionist in putting over this type of health program. With this sharing of interests, with a better understanding of the various specialists in the field of education, and with a pooling and unification of effort, all workers concerned can carry on a more worthwhile and a more efficient piece of work.

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THE ST. FRANCIS DAM DISASTER

At 2 A.M. on March 13th sirens shrieking all over town roused us to the fact that something untoward was happening. With neither electricity nor gas, only a flashlight, my aunt, my little daughter of nine and I dressed, and got into our machine, awaiting some word. In a short time trucks began to bring many people up on our hill from the main part of town. They were scantily clad and only knew that they had been told to get to high ground as the water was coming. California is quite dry, the rainfall this season very scant—I wondered what had happened until told of the breaking of the St. Francis dam. The water traveled for three and a half hours over a 50-mile course before reaching Santa Paula, yet it was terribly destructive when it reached here.

At 5 A.M. a call came to me from a rancher and on responding we found three little children and an expectant mother on a mattress in a tree where the flood left them. The father and two other children were missing but have since been found. We took them all into the clinic and they constituted our first bed patients.

When I came here two years ago there was no clinic of any type in the county. With more than half of our 7,500 population Mexican and health conditions among them almost unbelievable, I felt a clinic to be essential. In nine months we opened our free clinic four mornings a week in a room 30 feet square in a school building. I drew my own plans for an examining table, made two other tables myself and borrowed four chairs. Since then we have added many things to the clinic, among them seven hospital beds for tonsil cases primarily. We have cared for as many as 60 clinic cases in one morning. Many times I have wanted to give up trying to get necessary equipment but the effort was rewarded in being able to handle this emergency situation.

To my mind the surprising fact was that except for bed space we were completely equipped to serve as an emergency hospital. By adding beds we were able to accommodate 20 patients at a time with a total during the 14 days of 43 bed patients and 108 emergency cases. By stretching ropes for muslin curtains, we divided the space into four sections, men, women, children, and obstetrical cases.—*From a letter from Carolyn C. Howard, Public Health Nurse, Santa Paula, Cal.*

THE NURSERY SCHOOL AT VASSAR COLLEGE

Notes from the Opening Conference in February, 1928

It is fitting that Vassar College should house its newest venture in education in a beautiful building. It is equally fitting that the training and education of little children should be recognized as the foundation for all educational procedure. It is only within the last ten years that the Nursery School has come to be a factor in the educational program of the United States. Even more recently has the idea of such a "living laboratory" become a factor in the educational program of the colleges. At first sight it may seem that a Nursery School is not a logical factor of a college curriculum, but further study indicates that the only sort of laboratory of value in courses in child psychology, child study and child nutrition is a permanent group of young children. It is for the purpose of offering such a laboratory that the Nursery School of Vassar College has been organized.

Through the interest of President Henry Noble MacCracken in this comparatively new field of training for parenthood, Mr. Charles A. Wimpfheimer of New York was inspired to present this building to Vassar College to celebrate the graduation of his daughter, Mildred Wimpfheimer. In the fall of 1927, this beautiful stone building was ready for use as a laboratory for child study.

It is indeed an adventure in educational methods when a liberal arts college incorporates into its curriculum such a laboratory for the express purpose of giving to young women some idea of how little children work and play and learn. In the beginning, such a school was organized to provide proper care for the children whose mothers were enrolled in the Institute of Euthenics. At this time the school devoted itself to the study, care, and development of the children enrolled. It soon appeared, however, that it would fail of its full function unless the parents of the children were informed regarding the findings of the staff concerning their children.

The Mildred R. Wimpfheimer Nursery School, Vassar College

In the days but recently past the only occupation which was supposed to be perfectly conducted without train-

ing was that of parenthood. When implicit faith was placed in instinct, complete lack of preparation was excused by saying that "instinct endowed the parent." Obvious failures, which were brought to light through various clinics and courts, finally forced the realization that skilful parents are not to be expected unless training be given. As a matter of fact, training did take place, but it was training on the job often at the expense of the child. What is sometimes called pre-parental training, helps to develop in the student an attitude toward children and an insight into the process of child development which will enable her when she becomes a parent to utilize all the facilities at her command.

A Laboratory

The Nursery School, then, of Vassar College, is organized definitely as a laboratory in which those students who have enrolled in Euthenics and have thereby indicated their interest in the improvement of the individual, may acquire definite skills and attitudes. The aspects of child study to be especially stressed during these initial years are mental hygiene, and the development of standard skills in normal children—that is, what may we expect of children of different ages. It is intended to scrutinize the teaching methods which have been in use in Nursery Schools and to alter them and to add to them such methods as will make for more adequate development. Research is also being conducted in speech development.

Coördination of home and school is highly desirable. The staff plans to make available to the parents of the Nursery School children whatever information and skill they may possess. At the present time this is being done through informal discussions, conferences, and lecture courses. The staff is always at the service of the parents whenever advice or suggestion is desired or seems necessary. A course of eleven lectures on Child Psychology is given by members of the Nursery School staff for the parents of the Nursery School children.

It is planned to make careful psychological studies of the children in the school, to secure various psychological measurements, and under controlled conditions to observe their behavior. This will give three phases of research, all of which will be utilized for the welfare of the child and for the instruction of the students. At the present time routine psychological tests such as the Binet-Simon, the Merrill-Palmer Performance Series, and the Gesell are being given to all children.

Special attention is being devoted to the study of the acquisition of motor skills by the children in order that the teaching techniques may be improved. If the school is to serve as a laboratory in which the students of Vassar College may learn to utilize all of their available resources in the study of any given situation, it is important that the staff should be making progress in the development of teaching methods which are physiologically and psychologically sound and based upon experimentation.

Program

The detailed program of the Nursery School follows:

8:45– 9:00—Arrival of children
Medical inspection
Toilet—for younger children
9:00–11:00—Work and play
11:00–11:30—Putting away of work and play equipment
Getting ready for dinner
Rest
11:45 —Dinner
12:30– 1:00—Preparation for nap
12:45– 3:00—Nap
2:45– 3:10—Lunch of milk and crackers
3:15 —Close of school

Through the kindness of Dr. George Draper of Columbia University, studies of the children's constitutional make-up are being made in the hope of developing norms which will lead to the prevention of diseases to which any child may be susceptible. The Department of Physiology and Hygiene arranges for daily inspection of each child for signs of cold or contagious diseases and also the thorough physical examination of each child. Advanced students in nutrition under Dr. Ruth

Wheeler's direction, work in the school and students in Nutrition and students taking the course in Child Psychology come to the school for observation.

The children range in age from twenty-one months to four and one-half years. Before a child is ready to enter the Nursery School he should have established regular habits of elimination, be able to make his wants known, be able to walk, and be able to feed himself.

It cannot be too definitely emphasized that valuable as the Nursery School is for observation as a means for the education of young children, its existence on the Vassar campus is justified only so far as the school serves as a laboratory, in which the students of the college may develop serviceable and wholesome attitudes toward children, helps the students to appreciate more fully the significance of childhood or helps them lay the basis of skills which will stand them in good stead when they, themselves, become parents or in any capacity deal with young children, or helps them in the performance of their wider social obligations toward their community and the state.

DOROTHY DEMING

Editor's Note: We had hoped to add to the series on the care of the preschool child an article by Dr. J. H. M. Knox on "Nursing Pneumonia in Young Children." Unforeseen circumstances have postponed the printing of this article until a later number of the magazine.

From the latest estimate made by the British Empire Leprosy Relief Association it is estimated that there are half a million cases of leprosy in India. A fund has been established for the purpose of furthering the control of the disease and the supplying of the new preparation of hydnocarpus oil. Sir Leonard Rogers, honorary medical secretary of the association, states there is complete evidence that early cases of leprosy can be cured. In South Africa sodium hydnocarpate is being used in absolutely painless treatments at a cost of fifty cents for a year's treatment per person. Hydnocarpus plants from which "alepol" is obtained are to be grown in nearly all of the British possessions. In countries sufficiently advanced to examine for contacts every six months or five years, 80 per cent of infection could be detected and prevented.—*Journal American Medical Association.*

The 25,000 lives lost in the Crimean war saved very many more in years to come. For the real hero of the war was Florence Nightingale and its most indubitable outcome was modern nursing, both military and civil, and a new conception of the potentiality and place in society of the trained and educated woman. And this in turn led, in the 'sixties and 'seventies, to John Stuart Mill's movement for women's suffrage, which Miss Nightingale supported, and to the founding of women's colleges and the improvement of girls' schools. . . . From the frozen and blood stained trenches from before Sebastopol and from the horrors of the first Sentari hospitals have sprung many things in our modern life that at first sight seem far removed from scenes of war.—*History of England.* G. M. Trevelyan, 1927.

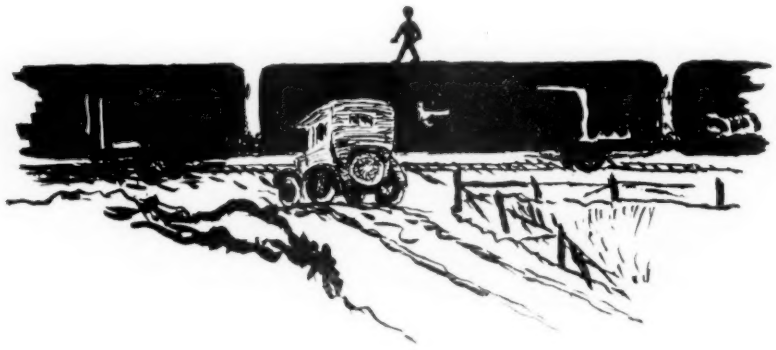
We quote this accurate answer to an examination question from *The Preparatory Schools Review* (English):

"The Florence nightingale was born in the year 1855 the year of the Crimea War it always used to warn the English if the enemy was near in this way it used to fly about to place to place and then when it saw them it would fly back to the English and make an officer look and it used to fly at the head of the armey and leed the way. It died in the year 1906. The result is we have now what are called messenger birds that is that people take a pigone and pin a letter under its wing and on its leg they put a silver or lether ring."

THE BATTALION OF LIFE

By Rosamond Praeger, R.N.
Bureau of Public Health Nursing, Syracuse, N. Y.

This story tied for third prize in the Short Story Contest conducted by THE PUBLIC HEALTH NURSE in 1927.



THROUGH the blackness of the night swung the glare of a locomotive headlight. The little Ford which had maintained a cheerful, monotonous hum over the fifteen miles of road behind me shuddered in response to the brakes, gave a surprised cough, and settled into silence in the ruts of the lane. With a flare and a roar the engine was past. I turned the key in the dashboard and settled impatiently back in the seat. The click, click of the freight cars accentuated the silence—a long line of slowly moving shadows, each silhouetted for a moment against an almost black sky, and then melting into the universal blackness around.

On the top of one of the cars was the figure of a man, standing braced against the motion of the train. A traveler, like myself, alone in the night. As he, too, vanished, I became acutely conscious of the solitude, and of the dangers I knew might be lurking in the marshes along these tracks. Its throbbing having ceased, the little car was no longer companion and protector, as on the open road. I felt suddenly chilly, and pulled my red-lined cape more closely together. Yet something within me gave a satisfied little chuckle. No easy escapade this, but real danger and an urgent mission! At last my adventure!

Into my mind flashed vivid pictures from the experience of the past three years. In the days of the war, impatient at making bandages, I had fallen into step with the men of our city and "enlisted." Then came the summer in the training camp, days of zealous activity under a hot sky. With the autumn we took on the blue and white uniforms of the hospital wards. A nightmare of long days followed when we were battered by the flood of the influenza epidemic, so overwhelmed with work, grief and danger that we scarcely paused to listen to the sirens proclaiming the armistice.

Colorful memories came of hospital life in more normal times, the operating room, the nursery with tiny white cribs in rows, the Children's Ward at Christmas time. And now the marshes and woods of the country, little stove-heated white schoolhouses, and farm homes tucked away in the crevices of the hills.

Back there at the beginning when we had set out for camp, we had anticipated high adventure in the war. By the end of the summer, wise leaders

had increased our purpose to encompass the unending warfare of the profession which we had so impetuously adopted. Most vivid was the picture of the last convocation at the camp. A roomful of blue-uniformed young women, faces turned expectantly toward the speaker. He had returned from the place of our dreams, war-time Europe, to spend the summer in our service. During the serious hours of work he had taught us to view, with understanding, agents of death beneath a microscope, and, secure in our technique, to hold invisible enemies in our hands. In the summer evenings together we had forgotten work and war in the shouting hilarity of a ball game. Now he was drawing for us a picture in words of that courageous, determined, sisterhood in Russia—of the women of the Battalion of Death. He had seen them go out, marching, clear-eyed, and had seen them carried home, mutilated, tortured, uncomplaining. Through the three intervening years came his challenge: "I think I see in you the spirit that was in them!"

The red lantern, receding on the last of the clicking cars, recalled my attention to the road. The Ford, again alive, rushed forward, faster now because of the time I had lost. Past one lighted farmhouse, where faces appeared suddenly at the window at the sound of a motor—on to the second house on the right (so the directions had come over the telephone), with a windbreak of pines to the north. There it stood, the line of great, black sentinels, and, small beside it, the house. A rectangle of warm light framed the figure of a little girl, peering into the night. Then as the car swung into the drive, with a cry of "Dad, dad, it's the nurse!" she vanished, and in her place appeared a tall, gaunt man, lamp high in hand. Behind him was the welcome, familiar figure of the village physician. He was rolling down his sleeves.

"So sorry I couldn't make it sooner, doctor!" I exclaimed, running up the steps, black bag in hand, and shedding hat and coat.

"We didn't give you much time," he said. "There's a little premature in the next room. The mother needs some care. I'll have to hurry back to Schoolcraft. A call from Norton's. You remember them? Guess you took care of last year's baby there, too. May need you there later. Be back for you if I do."

"Just 'phone, doctor. I know the place."

"Not safe!"—a man of few words, this busy country physician. "But I came out here alone; don't mind it a bit," I urged.

"I'll be back if I need you to-night." The door closed and by the time his motor started I had the tiny warm bundle in my hands.

Little, wrinkled miniature of an old man, it lay wrapped in a ragged piece of muslin, inside a man's red flannel shirt. With an empty bureau drawer, some old, clean garments, and a hot water bag, I hastily improvised a warm nest, and very gently laid the old red shirt and its frail contents into it. Then, for the next hour I gave my attention to the mother.

The night was very still except for the movements within the room. The little girl had disappeared somewhere upstairs. The tall, brief-spoken man moved about in clumsy boots, bringing pails of water from the stove and bundles, as I requested them, from my car. By questions, far-spaced, I learned that the mother had helped that day with the haying. They were short of hands, and rain was threatening. Once, motioning toward his wife, he inquired how "the girl" was; and once shyly laid his hand on her shoulder.

It was two o'clock when the man put some last logs into the stove, removed his boots, and followed the little girl up the narrow stairs. My patient was asleep at last. Drawing the lamp and a large rag rocker close to the stove, I sat down to my next task. Equipped with gauze and cotton from one of my bundles, and crude fleece, which the father had brought at my request, I began to shape a tiny, white kimono,

glad to have work to demand my attention, for I had come to that drowsy period, the hours between two and dawn, when watchers of the night must wage a constant battle with sleep.

At last, as the glow was disappearing in the stove, there were sounds upstairs. At the same moment the blackness outside began to lift. I shook off my cape and my drowsiness, and again looked at my sleeping patients.

The man came downstairs, put on the boots in silence, and disappeared toward the barn. The little girl, tousle-headed, came tumbling after him. She tended the fires and started a kettle of meal. I realized now that she was not more than ten years old. On her would fall, for the next two weeks, the mothering of this family. From more sounds above I knew that I had not yet seen all its members.

I picked up an empty bucket and was just starting out into a world of white fog, when the telephone rang, one of those long and mystic signals known only to the dwellers of farms. "That's us," said the little girl, and I set down the bucket to answer it. "Hello, nurse! This is Mrs. Bixby at Schoolcraft. Doctor wants you at Norton's. What shall I tell him?"

"Tell him I'll be there in ten minutes, and everything's all right here! Now, dear, don't you carry too much water at a time. I've got to run along. Mother's all right. Tell your father I'll be back about nine o'clock, or another nurse will come."

Back on the road, the fog soon closed about the scene of my night's vigil. The pines, the buildings of the next farm, the railroad fences, in sequence emerged suddenly out of the enveloping whiteness, and as suddenly disappeared. As I reached the highway the sun was just breaking through. When I came to the edge of the village and pulled up before the little shack where lived the large Norton brood, only a few white wisps of fog were clinging to wet branches and gables.

Immediately our task absorbed me. More bundles from the car were commissioned. Then the locating of the kitchen, the pump, and what linen the house could afford. Passing through the kitchen I saw the kindly Mrs. Bixby dishing out oatmeal from her own kettle to a roomful of children wide-eyed at their mother's groans and the presence of these strange visitors.

The advent of a new life is always a dramatic, joyous occurrence, even in the most forlorn and crowded home. But this night there was to be not even a moment's rejoicing. Ivory white, the little body lay limp in the doctor's hands. Hearing no cry, the mother, wise with experience, turned blank eyes to the wall and was silent.

A few moments later the doctor asked for "Ed." Ed. Norton, the father, had a way of being absent when needed. When opportunity itself knocked, Ed. somehow was never around. Now he had gone out in the Bixby's car to fetch his mother.

The doctor departed, to return later. My work was not complete. Again the age-old task of the nurse, to bring comfort and cleanliness to a suffering body. But my patient seemed unconscious of bodily pain. No word or cry could I elicit from her. She still lay, eyes staring, lips set, when I withdrew to the farthest corner to bathe and dress the lifeless baby.

Silence now for a time. Perhaps she could best work it out alone. I was pulling the last little bootie onto an unresisting foot when I felt a pressure on my skirt. What I had hoped to forestall had happened. There stood the older baby, clinging to my dress and staring with fear at the little figure on the bed. A larger girl, too late mindful of Mrs. Bixby's injunctions, had followed him to the door, and equally fearful, stood gazing. Here was an unforeseen emergency. I called attention to the little hand, so cunning, the pretty bows on the dress mother had made, and from these to the tiny bed, with the pillow no bigger than a child's pillow. Gradually the tension left us. The baby's eyes traveled on to where his mother lay. "Mama, mama!" and he was across

the room, pulling at the covers and patting her hands. Release had come. With a sob, "My baby, my baby!" she threw her arms around him.

Under a ragged blanket in the crib, the dead baby looked almost asleep. The mother's cries had diminished to tired sobs. I returned to her side. "There now, Mrs. Norton, shall I take Bobby out and let Helen finish dressing him? Mrs. Bixby will be in later with something nice for you to drink, and Mother Norton will be along soon to take care of the children." She gave my hand a grateful squeeze, and, still sobbing slowly and sleepily, closed her eyes.

Outside a message was awaiting me. I was to step across to Mrs. Bixby's where breakfast was ready. Wheels in the yard announced the arrival of Ed. and his mother. A few words of explanation and order and I passed from the tangled weeds of the Norton yard, across a smooth lawn, and into Mrs. Bixby's sunlit kitchen. Coffee, cleanliness, and Mrs. Bixby's pleasingly starched presence provided a grateful contrast.

The clock struck eight. I must ask to use the telephone and report to the office. Then I would be free for the long drive home, and bed.

The marshes were gay with sunshine, flowers, and singing bobolinks. Men in the fields, recognizing the red crosses on the car windows, paused to wave. Children along the road called to "the nurse" and waved books and lunch-boxes. The wind blew with welcome coolness on my cheeks, and the car spun along the wide, white road as if it knew we were bound for home.

On the steps of my home stood Mother. She was looking expectantly up the street as she chatted with our neighbor, Sue. Sue and I had gone from kindergarten through college together. She now looked especially chic in a new green and white golf suit, with clubs swung jauntily from her shoulder. "Well, old dear, you made a night of it," was Sue's characteristic greeting.

"Oh, Sue, it was so perfectly thrilling, ——" I began.

"I know, darling!" Sue is not a good listener when uninterested. "I think you're simply wonderful to go into all those queer places, and everything. But I do wish you'd be home just once when I call. I needed you so desperately last night for a fourth at bridge. It's hard to start anything, this town is so terribly dull in summer."

"I'd have loved it, Sue," I said. But her words struck discordantly on my mood. This town, this night, dull!

"Wish you could come along, but I suppose you're a bit sleepy. There's Agnes now!" and Sue was off.

"Run in the house," said Mother, "and tell Annie you're here; she has something hot for you. I think I'll phone your father that you are home. He always worries so if you are out at night. You must be lonely out there all night in such queer places and with strangers."

"Lonely!" It hadn't occurred to me during the busy hours of the night, and yet, here in the dear, familiar old house, among people whose affectionate solicitude showed in every word, I felt, somehow, lonely. To them I was only the little girl of years past, grown up and donning a uniform—a sort of playing at soldiering. How dear they were, how thoughtful, how tender!

Between cool sheets I was able to forget my aching muscles, but my mind reviewed again and again the scenes of the night. Mrs. Bixby's shining kitchen, the little dead baby, the doctor's strong, tired face! Then the fog-swept marshes, the shuffling man at the farmhouse, the tiny figure in the old red flannel shirt! The locomotive and the black line of clicking cars passed again, and again came the silence, and my memories of the wartime challenge: "I think I see in you the spirit that was in them!" Into my waning consciousness they came marching, those women of the Battalion of Death. How real was their danger, how certain its tragic outcome. Their

courage, meteoric, had been like a trail of gleaming light across a world of blackness. That was long ago in the days of the war. Their figures receded into the past. There came crowding into their places the women of that other uniformed sisterhood, marching, marching into the future. Women in service in hospital wards, in country places, in the schools of the world, the great army of nurses, going out, not to face death, but to cherish life. The pulses of sleep beat louder and louder and mingled confusedly with their tread. Marching, marching, they came! As the waves of sleep swept over me my spirit fell happily in step with theirs, with that greater army of consecrated spirits, the Battalion of Life!

THE FLYING AMBULANCE FOR THE OUTBACK

The dramatic feats of flyers have occupied a good deal of our attention since Lindbergh startled the world. Equally thrilling is another phase of air travel—rescue and relief. We learn from the Sydney *Morning Herald* that within the last two months an experimental aerial medical service has been established in remote areas of settlements in Australia, thus removing one of the greatest hindrances to "outback" settlement. "It is thought probable that by this means a mantle of safety will be cast over an area exceeding 250,000 square miles—nearly as large as the whole of New South Wales."

The aeroplane, properly fitted for ambulance service, will carry a doctor, permanently attached to the service, a nurse and one patient, and will be available at any hour of the day or night at the central station of the flying medical service. The station is in radio communication with several outlying stations. The Australian Board of Inland Missions, which has already established hospitals and nursing centers in the "outback," is responsible for this experiment. It is hoped, if it proves successful, that a chain of aerial medical services will later link up practically every part of the "back blocks" of Australia within at most a few hours' journey of their nearest hospital and ambulance services.

Sweden has just finished a new 310 horse-power aeroplane. It will have room for two patients and a nurse, is heated, lighted, has stretchers fitted to motor ambulances so that transfer of patients from the remote sections may be effected as easily as possible. The plane is equipped with floats to land on the water in summer when necessary, and skis for winter.

A recent example, among many others which could be cited, of the efficient service of a relief aeroplane was its use in bringing food to a snowed-in village in our own Northwest. The dog sleds sent out from the nearest town were two whole days on the way, enduring the most gruelling kind of winter travel to reach the village. The aeroplane, sent out when fears for the rescue sleds were felt, reached its destination in 47 minutes.

Only a few weeks ago a solemn cortege bore the body of Floyd Bennett to his long rest in Arlington. What better memorial could there be than the establishment of some such service as Australia and Sweden have inaugurated for our own remote settlements?

WHAT OF THE COMMUNITY CHEST?

By Gertrude Hussey Sternhagen

ELEVEN years ago, in order to facilitate collection and to make the best use of funds donated for the welfare of our Army and Navy, the War Chest was created. A few chests antedated the war period. Their legacy to us is the Community Chest in which the spirit of giving steps out in mufti for the benefit of community health and welfare.

There are today in the United States and Canada 296 cities in which social welfare work is financed by Community Chests. Ten years ago there were but 14 cities which so employed this system of collective financing. What is the reason for such widespread adoption of the Community Chest? What is its effect upon the health and welfare work in those 296 cities? How do they measure up against the many other communities in which each eleemosynary agency still appeals independently for public support? What, if any, is its special bearing upon public health nursing organizations?

In answering the first of these questions it seems reasonable to assume that the widespread adoption of the Community Chest system is rather directly attributable to a mechanical virtue. It has synchronized and oiled the machinery of money-raising by aiming to secure, in one short swift campaign annually sufficient funds to meet the needs of all the welfare agencies of a city. Such concerted effort gives momentum to a "drive" and fortifies the weak in that unpleasant task of "begging for charity," or, as Mr. George Vincent more inspiringly states it, "The members of a community chest team are not being whipped to the discharge of a distasteful duty; they are being set free for a fine adventure." In other words, the Community Chest was an answer to the increasingly difficult problem of obtaining funds.

EFFECTS OF A COMMUNITY CHEST

Given, then, a Community Chest to assume the function of collector of revenue, what is the result? A not unnatural sequence of events follows. In the first place, the attention of the public is focussed upon a single and sometimes surprisingly large sum which is being asked of it for the support of the charitable enterprises of the community. Inquiry starts upon why so much money is needed. What does it go for? There seem to be several apparently similar organizations. Isn't there duplication of work? Searching questions are asked about function, administration, overhead and waste. Many agencies are brought face to face with the new fact of trusteeship of funds and their consequent responsibility to account for the dispensing of those funds. In short, the obligation of the Chest becomes definite. The community needs must be demonstrable needs, supported by the cold fact of figures. The program of health and welfare work designed to meet these needs must be efficient and well-balanced. The Community Chest therefore pledges itself to a platform of economy, efficiency and responsibility —a platform to which each one of the participating agencies subscribes. This entails study of function, budgets, performance, salaries, cost analyses, possible consolidation of agencies and positions to eliminate duplication, and centralization of administration. Every effort must be made to arrive at a full appreciation of the problem as a whole.

Many of these things are slow of accomplishment. There are jealousies to be overcome. There are viewpoints to be changed. There are sturdy individualists who cling to the traditions of their separate organizations and feel that their work is jeopardized by being thrown into this common melting pot. There are those who decry this new

"professional" charity and those who feel that among the separate boards of directors shifting of responsibility for raising the budget is concomitant with a loss of interest in the work of the agency. The slow process of education alone can overcome this situation and the success of any Community Chest is in direct proportion to its ability to educate the public to a clear understanding of the community needs and how they can be met.

In cities where there are not Community Chests and each agency raises its own operating funds, there are apt to be a multiplicity of "drives." The average citizen in consequence, not knowing how often or to how many "causes" he will be importuned to give, may—and sometimes does—adopt a defensive alibi against any giving or he may well be in an honest dilemma as to the worthiness of these various enterprises that seek his help. A lack of coördination in timing campaigns may also seriously impair the success of the different agencies in raising the money needed to carry on their work—though in most cities today, whether there is a Community Chest or not, there exists a council of social agencies whose aim it is to promote team work among the different groups. In these communities each agency undoubtedly enjoys complete autonomy—a circumstance which is occasionally questioned in Community Chest cities. Individual interest for specific charities is apt to be keener. Also the competition for funds demands that each agency win on its own merits. The weaker cannot ride along on the popularity of the strong. These are some of the contentions of the adherents to the "old order" and very often have good foundation in fact.

In considering our last question—the special effect, if any, of Community Chests upon public health nursing associations, it is difficult to be specific for a Community Chest presumably affects alike each participating agency and we have already mentioned in general the events that are attendant upon the establishment of a Chest. This one circumstance, however, has come to the writer's attention. Public health nursing associations have always been "popular charities" and before the Community Chest era many enjoyed the happy situation of having no very real difficulty in raising funds for their work. Now, with the advent of the Community Chests, they are experiencing the necessity of curtailing or even lopping off some of their activities because (as frequently happens) the Community Chest has fallen short of its quota, requiring a pro rata cut in the budgets of all agencies. This is discouraging, but the very fact that the work of a public health nursing agency appeals to the popular imagination and lends itself to graphic presentation more readily than that of some of the other enterprises imposes an obligation upon those associations to assist the Community Chest in its campaign to so educate the giving public that the community needs will be met. More than ever before it is important to have definite, accurate objectives and records of work accomplished, to supply stories that may be translated into terms of publicity value, to have every member of the board of directors fully cognizant of the activities of the association. Probably the fact that a Community Chest budget committee is an extremely inquiring body has exerted a greater influence than any other factor upon its member agencies. The close scrutiny of methods, policies and budgets which each agency undergoes, and which is the *sine qua non* of federated financing, produces a state of healthy self-examination. Activities and expenditures must be justified and checked against results so that progress may be built upon the sound basis of fact.

A FORWARD MOVEMENT

Taken as a whole, then, the Community Chest movement, despite the fact that individual Chests may fail or fall short of their quotas, is a forward movement in keeping with the exacting demands of present day efficiency. It makes for unity of purpose, economy of effort and the confidence of the giving public. It is still a young move-

ment and for those public health nursing associations who are facing the difficulties of readjustment under Community Chest regime, it would be interesting to have expressions of opinion from various Community Chest cities upon the following questions:

What kind of coöperation in respect to records and publicity would the Community Chests like to have from visiting nurse associations?

Why have Community Chests adopted a policy of close scrutiny of methods and policies in public health nursing organizations?

What kind of coöperation and active help can nurse executives as well as board members give to Community Chests in raising Chest funds?

What is the attitude of local chests toward appropriations for N.O.P.H.N.?

How does local Chest administration attain an intelligent understanding and appreciation of the purposes and problems of public health nursing? Is this information necessary to the local Chest and is it supplied by the nurse executive?

Should sources of income for visiting nurse associations other than Chest appropriations be developed, such as legacies, left-over funds, special appropriations, follow up service, etc.?

Editor's Note: A valuable contribution to the community chest discussion will be published in the July magazine—Elwood Street's convention paper on "Community Chest Relationships."

INTERNATIONAL CONFERENCE OF SOCIAL WORK

The International Conference of Social Work will be held in Paris, July 8–13, 1928. Dr. Alice Masarykova is General Chairman of the International Organization Committee, and Dr. Réné Sand is the Secretary General. The National Conference of Social Work through a special committee is serving as the representative in the United States of the International Conference of Social Work. Twenty-one nations will be represented at this first world congress of social workers. The participating groups include the International Child Welfare Congress, International Housing and Town Planning Congress, International Congress of Public and Private Welfare, and the International Conference of Social Work. The improvement of housing and health conditions is one of the main objectives of the Conference.

From July 8–12 will be held the International Child Welfare Congress, including the:

International Child Welfare Association
International Union for the Welfare of Infancy
Save the Children Fund International Union
League of Red Cross Societies

Agenda of the child welfare meetings include:
Homes for expectant and nursing mothers.
Comparative study of the best means for encouraging breast feeding.
Open air institutions for children from medical and educational points of view.
Methods of social work on behalf of children.
Children's courts.

The United States will be represented by J. H. Mason Knox, Director of Children's Work in the State Department of Health, Maryland.

In order that nurses from other cities may not be disappointed about obtaining work should they hope to do so in the Capitol, the Graduate Nurses' Association of the District of Columbia voted at its annual meeting May 7th to send a statement to the *American Journal of Nursing* and THE PUBLIC HEALTH NURSE that an over supply of nurses exists in Washington.

FINDING THE COST PER VISIT — A PRACTICAL DEMONSTRATION

By Winifred L. Fitzpatrick

Associate Director, Providence District Nursing Association, Providence, R. I.

THE method used by the Providence District Nursing Association in computing the cost per visit is a modification of the method recommended in the Report of the Committee to Study Visiting Nursing. The headings are those used in the monthly report to the Providence Community Fund.

A daily record is made in the cash book of all receipts and disbursements, this record being totaled each month and added to the accumulated reports of the previous months so that at the end of the year the Annual Report is completed by simply adding the figures of the December report to those of the previous eleven months.

The Expense Sheet has two headings, Administrative and Field. To Administrative is charged rent, janitor service, telephone, insurance on furniture, office supplies, lighting, convention expenses, publicity, repairs and replacements, dues to other organizations, salaries of executives and clerical force and any minor miscellaneous ex-

DISBURSEMENTS

ADMINISTRATIVE		FIELD		
Salaries	$10,846.24	Salaries	$83,888.30	
Telephone	554.97	Telephone	181.51	
Rent	1,562.52	Carfare	4,501.00	
Safety Deposit Box	12.00	Taxi	15.35	
Insurance on Furnishings	49.07	Automobile	377.87	
Lighting	66.57	Medical Supplies	979.86	
Office Supplies	413.26	Uniforms (purchased for resale)	1,013.77	
Publicity	311.00	Laundry	88.62	
Repairs	58.50	Office Supplies and Printing	450.74	
Dues to Other Organizations	1,016.00	Express	16.22	
Auditing	131.26		$91,513.24	
Convention	81.35	*Add*		
Miscellaneous	1.00	Student Service**	$4,200.00	
	$15,103.74	Motor Corps	300.00	
Add		Other Gifts	30.00	
Volunteer Service,* 728 hours, at $.35	254.80			$96,043.24
	$15,358.54	*Deduct*		
		Instructor's Salary	$1,800.00	
		6,304 hours Clinic, at $.60	3,782.40	
				5,582.40
				$90,460.84

Total Net Income	$113,183.42	
Total Net Disbursements	106,616.98	
Expenses Chargeable to Visit	105,819.38	
Total Number of Visits	137,018	
Cost per Visit	.772	
Total Field Days	16,079	
Working Days	307	
Average Number of Daily Visits per Nurse	8.5	

* See page 90, Report of the Committee to Study Visiting Nursing.
** See page 89, Report of the Committee to Study Visiting Nursing.

pense. Field expenses include salaries of instructor, supervisors and staff nurses, telephoning, transportation, medical supplies, laundry, office supplies, including record forms, and uniform coats which are furnished to students and substitute nurses.

To the Administrative Expenses are added gifts of volunteer service in lieu of money. For example, the Junior League assists with clerical work and makes all surgical dressings. This service is credited at $.35 per hour.

To the Field Expenses is added the service of a volunteer motor corps at the rate of $1.00 per hour, pupil nurses at the rate of two-thirds of the first year nurse's salary necessary for replacement, and gifts such as absorbent cotton, gauze, etc.

From the Field Expenses are deducted the salary of instructor and the time spent in special activities not chargeable to the cost per visit; namely, the time spent at Baby Welfare Stations, Sick Baby Clinics, Clinics for the Tuberculars and School Nursing in the Open Air Schools. All time is kept in minutes. The total time to be thus deducted is computed at the rate of $.60 per hour, this being the average cost per hour of the staff nurses. This cost was arrived at by totaling the staff nurses' salaries and dividing this amount by the total hours of work. The total hours of work are obtained from the nurses' daily report sheets, which are kept in the same way, being totaled for the individual nurse and the entire group each day, and carried forward from day to day, month to month, so that at the end of the year, as in the financial report, December's total is added to the previous eleven months total, giving the yearly total.

The remaining expenditures not so deducted are divided by the total number of visits which gives the cost.

The standards for women in industry that constitute the program and creed of the Women's Bureau of the United States Department of Labor were listed by Miss Mary F. Anderson, Director of the Bureau at the Third Race Betterment Conference in Battle Creek, Michigan, in January, 1928. These standards have been established after careful surveys of working conditions in all the states:

Equal pay for equal work.
An eight-hour day; a half holiday on Saturday; one day's rest in seven.
At least thirty minutes for meals.
Ten minutes rest in the middle of each half day without lengthening the day.
No employment between midnight and 6 A.M.
Clean work places, with special attention to floors to prevent slipping.
Enough light but no glare.
Adequate ventilation. Provision against heat, humidity, dust, fumes.
Guarded machinery. Protection against fire and other hazards.
A chair for each woman, built on posture lines, adjusted to both worker and job. Neither constant sitting nor constant standing.
Sanitary and accessible drinking water; individual cups or sanitary fountains.
Sanitary and accessible washing facilities; hot and cold water, soap, individual towels.
Sanitary toilets, one to every fifteen women.
Dressing rooms for change of clothing. Rest rooms for rest periods.
Separate lunch rooms, with hot food where possible.
No prohibition of women's employment in any industry except those proved to be more injurious to women than to men.
No home work.
A competent woman personnel officer in charge of all matters affecting women employees is recommended.

"Women have especial significance in society because they are directly responsible for the life of the home," Miss Anderson stated. "To the extent that our homes are safeguarded, to that extent only are we safeguarded as a nation."

—*Good Health*

NURSING SERVICE

UNITED STATES VETERANS BUREAU

MARY A. HICKEY, R.N.

Superintendent of Nurses, Central Office, U. S. Veterans' Bureau

THE nursing staff of the United States Veterans' Bureau consists of 1,700 nurses on duty in hospitals and regional offices. During January, 6,006 home visits were made by the 140 follow-up nurses who supervise the following types of cases:

11,946 tuberculous patients
1,312 neuropsychiatric cases
2,330 general medical and surgical cases

Total 15,588 cases.

In 4,106 homes visits for health instruction were made.

Very interesting facts come to light in the reports of the staff nurses. It is found that frequently they are the only public health nurses in the community, as for instance, in eastern Kentucky. There are parts of this area which are almost inaccessible, where the inhabitants are retiring, suspicious, and live under the most primitive conditions, although when one becomes acquainted with them, they are found to be hospitable and kindly. This is particularly true when the purpose of the nurse's visit is understood by them. The regional office in Louisville states that there is no doubt but that the frequent follow-up visits of the nurses in this area are having beneficial effect on the inhabitants. The progress, however, is slow because the people are clannish and are none too ready to adopt newer methods of life.

In the West, the territory covered by the nurses is extensive. Many of the towns are very isolated and located high in the mountains at good altitudes. Many physicians in the East are of the opinion that a higher altitude or a dry climate is very beneficial in tuberculous cases. Therefore, a great many patients are constantly trekking to the West in the endeavor to secure relief from their disabilities. The Los Angeles Regional Office reports that scarcely a week passes in which that station does not receive several requests from other regional offices asking for home investigations in such cases.

A great many beneficiaries are still unaware of their privileges and do not know how to make requests to the Bureau covering their special needs.

PROBLEM CASES

Many times the nurses are called upon to face intricate problems. There may be a patient ill with tuberculosis, having also ailing children and living amid poor surroundings with no public health nursing agency in the county to render assistance. It often takes much persuasion to get the patient to accept hospitalization and much perseverance to enlist the aid of a few well-disposed women in the community to help the family. In contrast to this picture are the homes where, in response to the nurse's visits, pleasant, airy rooms have been built for the patients and the necessary precautions have been carried out to the letter, the entire family having learned the lesson of prevention.

Many excuses for refusing hospitalization are advanced to the nurse. One man considers it dangerous to change beds at this season of the year (December); another that his "winter digestion can't take care of strange cooking"; and still another fears that in a hospital he would not be allowed to take his favorite patent medicine which he has been consuming at the rate of one pint a week for over a year. Patent medicines were considerably in evidence in one group, and it is especially hard to combat the belief in them.

Some of the most difficult cases encountered by the follow-up nurses are those where beneficiaries are antagonistic to the Bureau because of lack of understanding of some legal phase of their claim. Many times official letters are unanswered by the claimants because either the claimant or his family do not know what is required by the Bureau.

An interesting case of this kind was visited recently by one of the nurses:

The beneficiary was suffering from a service-connected disability of myositis and lumbago. The beneficiary, with his wife and one small child, was living in a very small two-room apartment which was poorly ventilated. He was bed-ridden, absolutely helpless. He had also been nursing a grudge against the Bureau for several years. After his hospitalization in 1922, it seems that his compensation had been discontinued on a rating of less than 10 per cent. He seemed to think that the "doctor in charge did it for a purpose." He was so upset that he had never returned to the Bureau for assistance.

After chatting with him for a few minutes he consented to be hospitalized at any time convenient to the Bureau. When the ambulance called, the patient refused to be carried out on a stretcher but insisted on walking, which he did with great difficulty, being assisted by the ambulance driver. After the patient had recovered from the exertion of being moved he said, "You know, Nurse, I see where I have been mistaken about the Bureau. Now I feel that when my case is reopened, I will be rated in accordance with the degree of my disability." Later the wife told the nurse that she received daily letters from her husband in which he said he was making slow progress but was much happier, more comfortable and was receiving excellent care.

The Student Nurses' Association of the Addenbrooke's Hospital in England has sent us a copy of the first number of their excellently planned *Student Nurses' Magazine*. We take the liberty of quoting these paragraphs from a delightful article on "The Barber Surgeons":

"Thomas Vicary, the first Master of the Barber Surgeons Company was a man of very distinguished appearance with an intellectual face. He laid down the requirements of a good Surgeon as follows:

"that his body be not quaking, and his hands stedfast, his fingers long and small and not trembling. And I do note four things most specially that every Chirurgian ought to have. The first that he be learned; the second that he be expert; the third that he be ingenious; the fourth that he be well mannered."

And further:

"Also they should do their diligence as well to the poor as to the rich. They may not chide with the sick but be always pleasant and merry. Likewise they despise no other Chirurgian without a great cause, for it is meet that one Chirurgian should love another."

Know you what it is to be a child? It is to be something very different from the man of today. It is to have a spirit yet streaming from the water of baptism; it is to believe in love, to believe in loveliness, to believe in belief; it is to be so little that the elves can reach to whisper in your ear; it is to turn pumpkins into coaches, and mice into horses, lowness into loftiness and nothing into everything, for each child has its fairy godmother in its own soul; it is to live in a nutshell and to count yourself the King of Infinite Space.

—*Francis Thompson*

HOME TEAM WORK

By Emilie G. Robson
Director, Visiting Nurse Association, St. Louis, Missouri

The visiting nurse, like any human being who lives close to her work, is occasionally discouraged with the result of her accomplishments and, at the end of a day sometimes fails to see the woods because of the trees. This nurse not infrequently meets her discouragement through handicaps caused by sickness or conditions in homes which seem to indicate that hospital care is imperative; or because suitable equipment needed to facilitate the cure or comfort of the patient cannot be obtained or cannot be adapted to home conditions.

For these reasons, some public health nurse may be encouraged to go on her way rejoicing by hearing of the successful recovery in her home of a critically ill patient whose condition seemed to indicate that her life could be saved only by having hospital care and hospital equipment.

Early last November, Mrs. Clark, while ironing in her kitchen one afternoon, stood too close to a gas stove and the back of her clothing ignited. The day was rainy, and using considerable presence of mind, she ran out of doors and rolled on the ground and succeeded in extinguishing the flame, although seriously chilling herself. The neighbors attracted by her screams carried her into the house and called a doctor. He saw at once that Mrs. Clark's condition was critical and urged her to permit him to remove her to a hospital. Although barely conscious, she was definitely opposed to any such plan and even when her husband arrived and tried to persuade her, convinced that this was possibly the one way of saving her life, she feebly remonstrated by saying that if she must die, she wished to die at home.

The day following the accident, a visiting nurse was called. She found Mrs. Clark with most of her body swathed in bandages, suffering from shock and exposure. The burns, second and third degree, extended posterially from above the waistline to below the knees and involved both hands and arms. The doctor who had arranged to meet the nurse in the home explained that matters would be much facilitated and the convalescence of Mrs. Clark hastened, if some means could be devised to expose the burned areas to heated air. Mr. Clark, who stood nearby asked a few leading questions as to the nature of what was wanted. He disappeared and in a few minutes returned to the sick room carrying a medium sized packing box, through the sides of which some holes had been bored. He also brought some electric light cord and fixtures. With a little assistance and a few suggestions, in a remarkably short time an apparatus was completed which proved as satisfactory as any heliotherapy equipment ever used. The packing box found in the cellar was converted into a cradle. Double sockets were placed in two electric light fixtures which happened to be on a wall at one side of the bed. After the cords were connected they were brought through the box and four bulbs attached.

Meanwhile, the nurse and doctor had removed all the dressings from Mrs. Clark's body and the burned areas were carefully cleansed with Dakins Solution. When the "bake" was ready an unguentine called "Betonal" was applied and the wounds slowly baked or heated for a few moments. This treatment was continued twice a day. The period of baking gradually increased. For five weeks Mrs. Clark spent most of this time on her abdomen in order to permit as much air as possible to reach the wounds. The bed clothing was supported on fairly high-backed chairs, placed on either side of the bed.

Considerable skill and patience was exercised by the visiting nurse during

this period, as once each day the sloughing particles had to be removed. After Mrs. Clark's general condition improved, the nurse was able to teach the housekeeper, or practical nurse whom Mr. Clark had employed, to assist with this treatment.

By the middle of January, the areas were all healed except one on the right leg and Mrs. Clark was able to be up in a chair. By the middle of February the burns were not only completely healed, but there was surprisingly little scar tissue visible. At this time Mrs. Clark's general condition was remarkably good. By the middle of March no one would have suspected that Mrs. Clark had had any such experience except for the evidence of slight scar tissue. The doctor is certain that within a year there will be no trace of these scars.

I wish it were possible to convey to you the reactions of the Clark family to this accident and the recovery of Mrs. Clark. The results were not all accomplished by the visiting nurse, nor by the doctor. The doctor gives a large amount of credit to the nurse. The nurse gives a large amount of it to the doctor. However, both agree that Mr. Clark's original heliotherapy device was no small factor in the cure and that the excellent team work of family, housekeeper and patient with the doctor and nurse really brought about the results. The nurse insists that the determination of Mrs. Clark to get well and her cheerful and courageous attitude was the outstanding factor in the whole situation.

Be that as it may, I am sure that every nurse who reads this article will appreciate the satisfaction which this nurse secured from seeing and sharing in the results obtained from a situation that even a hospital staff might have found discouraging. Thus is illustrated the fact that the so-called miracles which are sometimes accomplished within hospital walls may be accomplished without!

With the conquest of time and space a web of communication by land and sea and air today brings the whole world into a close formation. In these migrations of individuals and this commerce of ideas the Rockefeller Foundation has a share. In 1927 it supplied funds for fellowships for 864 persons from 52 different countries. Of the fellows appointed directly by the Foundation 341 were looking forward to careers in medical education, 242 to public health work, 46 to nursing education or service, 19 to work in the field of human biology.

Bureaus for the study and improvement of national health services were aided in Czechoslovakia, France, Hungary, and Poland. Advisory service on hookworm control was furnished to the governments of Costa Rica, Honduras, Nicaragua, and Salvador, and similar service on malaria problems was provided in Honduras, Nicaragua, Panama, and Salvador.

Officials of the Foundation and members of the field staff made studies of the needs in medical education, nursing education, or public health in the United States, Canada, Venezuela, six of the Central American countries, Porto Rico, Jamaica, twenty-one countries of Europe, four countries of Africa, and ten countries in the Far East.

Because a nursery is in a rural district is no reason for the board of managers to be rural-minded or to be content with a backwoods type of child care. We sometimes hear as an excuse for a poorly managed nursery that conditions in their small city are so different that they do not need to copy the methods of the larger city. Are not the health, education and happiness of children equally important wherever they may live? Do not try to salve your conscience by saying, "Our board has no wealthy members, so cannot compete with 'rich' nurseries." Some of the best day nurseries in our country are in towns or suburbs, while others are going on in the same fashion they did 25 years ago, with no modern ideas in evidence.—*Day Nursery Bulletin.*

WHEN IS A CHRONIC CHRONIC?

The Visiting Nurse Association of Scranton, Pennsylvania, has made a little study of its chronic patients. The results are interesting.

A chronic was defined as a patient visited for six or more weeks. Sixty-three patients were under care at the time of the study, 53 females, 10 males; the oldest case was admitted in 1916, but the majority were new cases in the current year.

Classifying according to age:	
1–10 years	3
10–50 "	16
50–70 "	24
70–90 "	17
90 and over	3
	63

Visits varied from every other day (11 patients) to every other week (6 patients) and 6 patients were receiving a monthly supervisory visit. The largest number of visits paid to any one case was 2,901.

The leading diagnoses were:	
Apoplexy	13
Paralysis	8
Cancer	6
Tuberculosis	6
Senility	6
Arthritis	5

Of the sixty-three patients only 5 were paying full cost of the visit, 25 paid less than half, 5 promised to pay later, 10 were not able to pay, 13 were receiving financial aid from some other agency and 5 could pay but were unwilling to do so; 6,080 visits have been made to the paying group, netting $921.95, or about 15 cents per visit.

The Visiting Nurse Association of Cleveland has also sent some data of interest. Cleveland has an endowment of $10,000 netting about $600 annually to be used for chronic cases; $535.57 was spent in 1927 on special equipment for the sick, and special treatment, such as dental work. A Chronic Case Committee has full charge of the income from this endowment, and decides upon its use.

One hundred and six patients received 7,104 visits in 1927 or 64.5 visits per patient. The total cost of this service was $7,440.24 or $67 per patient paid out of the general fund.

The question has arisen more than once in the study of chronic care as to what *is* a chronic case? When does an acute stage merge into chronic, and *vice versa?* Is the arthritic case of six years standing still classified as chronic if she develops lobar pneumonia requiring daily visits, or is she listed under two diagnoses, two services? Contract service seldom pays for more than ten or twelve visits on a "chronic" case. What diagnoses indicate a chronic state? Is the care of the chronic strictly a public health nursing job? In this last connection, we have permission to quote Mabelle S. Welsh, Associate Director of the East Harlem Nursing and Health Demonstration:

"I am of the opinion that the care of the chronic sick is not a public health problem if the tuberculous are excluded from this category. It is a big nursing and social problem, however, and one in which we all inevitably become more interested as we grow older.

In the work of the East Harlem Nursing and Health Demonstration the care of the chronic case does not represent a very large problem. The Italian people keep their old folks at home unless they need prolonged medical and nursing care and then usually send them away for institutional care, although this latter is not always the case.

It seems to me that the extent to which a public health nursing organization should go in giving this type of care would be determined largely by the objectives of the organization. If the program of services is avowedly one of education, then the prolonged care of the aged or chronic case has no special place. On the other hand, if the organization collects funds for the care of the sick in the community it cannot refuse care to any type of illness.

We are usually able to transfer the care of these patients to the family, after a period of education. The whole matter of care is very apt to represent an economic problem. If the family has sufficient income to secure medical care, they can usually manage to give the nursing care provided that they are first taught.

I do not believe that it is better (always)

for the family to keep the chronic case at home. Some of the biggest problems that we meet are in connection with the children —and the mother—in homes where there is a chronic patient, particularly one of the tyrannical type.

We would be delighted to hear from others in regard to this perennial problem.

PRINCIPAL CAUSES OF ILLNESS IN TYPICAL AMERICAN CITY

Public health in a given community depends upon the personal health of each individual. In order to know what diseases must be guarded against it must first be known what diseases are present. Not only the causes of death but the causes of ill health as well are of great importance to health officers and physicians in their scientific searching for causes and conditions in their preventive work. With this thought in mind a study was conducted by the United States Public Health Service extending over more than two years in a city regarded as a typical American small city in one of the eastern states.

The rate of sickness from colds and bronchitis was the highest, being annually 418.6 per 1,000 persons. Influenza and grippe came second with a rate of 143.2 per 1,000; diseases of the digestive system were 96.5 per 1,000; tonsillitis and sore throat, 65.7; confinement and other puerperal causes, 46.9; diseases of the nervous system, including headaches, 44.1; accidents and other external causes, 39.5; measles, 34.2; whooping cough, 22.6; rheumatism and lumbago, 21.8; heart and other circulatory diseases, 18.3. Less than 5 per cent of the illnesses of exactly stated duration were recorded as one day or less in duration; nearly 80 per cent were three days or longer, 60 per cent eight days or longer. Approximately 40 per cent were not only disabling but caused confinement to bed. It is evident, therefore, that in the main the illnesses were more than trivial in their character.

There are certain facts from this study that stand out with particular significance. First, the extraordinarily high incidence of sickness shown in early childhood was a rather surprising result. Illness was far more frequent under 10 years of age than at any other time of life. Second, the interesting suggestion was afforded that the average individual is more free from illness in the age period 15 to 24 years. Thereafter sickness becomes more frequent as age advances, and it may be added, upon the basis of other studies as well as these, that sickness becomes more severe and more frequently fatal.

The prevalence of "chronic" conditions as ascertained by this study is of interest. Of each 1,000 individuals on the average 34 were affected with arthritis, lumbago and myalgia; 22 with neuralgia, neuritis and sciatica; 21 with diseases of the heart; 10 with chronic indigestion and other intestinal disorders; 10 with appendicitis; and 7 with nephritis.

It is believed that one of the most important lessons to be drawn from this study is that public health has as yet barely touched the task of preventing the conditions which manifest themselves in physical and mental impairments, in inefficiency and illness, and in postponable death. The hope of the future lies in the continued and increasing growth of scientific knowledge which can be applied to the protection against disease, and the promotion of the public health.

Social Hygiene Institute of the American Social Hygiene Association Chautauqua Assembly, Chautauqua, New York, July 9 to August 17, held in coöperation with New York University Chautauqua Institute and Summer Schools. For further information write to the American Social Hygiene Association, 370 Seventh Avenue, New York City.

The *Mental Hygiene Bulletin* for April records a number of courses in mental hygiene given for, or open to, nurses. National Committee for Mental Hygiene, 370 Seventh Avenue, New York City.

WHEN THE PATIENT IS HOSTESS

By Edna L. Foley
Superintendent, Visiting Nurse Association, Chicago, Ill.

Read before the Institute for Nurses, under the auspices of the Illinois League of Nursing Education, August, 1927, and reprinted from *The Modern Hospital*, March, 1928.

INSTRUCTORS have always conceded the value of first-hand contacts as well as knowledge of people in their own homes, whether their students be embryo social workers, school teachers, personnel managers, nurses, physicians or others who eventually are going to work with people.

Granting that the research student in his laboratory may do more for the eradication of yellow fever than the individual worker in the field, we have to admit that the results of the field worker prove the value of the discoveries of the research worker.

In the same way, those of us who have worked with student nurses and who have done institutional work and private duty nursing realize that field work or work in patients' homes, under supervision, is a helpful part of their three years' training, because it does give them contact with conditions of which they have heard, read, or been told in lectures.

For a long time, student nurses used to be assigned to various public health nursing associations and their work was rather haphazardly managed. They were assigned to go with other nurses; they were used to give help in heavy districts. If they were uncommonly intelligent, they got quite a bit from the experience. If they were dependent upon instruction and direction, they were distressed or disgusted by what they saw and got little that they could carry back into their daily life as student or graduate nurse.

Now, in most organizations a definite outline of demonstrations, lectures, conferences, excursion visits and home work has been planned for all student nurses. The objectives of this experience are to teach student nurses to apply what they have learned in hospitals, in all sorts and conditions of homes; to teach them the importance of working closely with physicians, not merely with doctors on the staffs of their own hospitals; and to teach them to coöperate with other agencies and workers in both the public health and social service fields. Few young nurses realize the value of good nursing care until they have seen it help to effect miracles of reconstruction in homes where the nursing service is preliminary to some up-to-date and thorough health teaching.

People busy in hospital practice seldom realize that the student nurse leads an unusually sheltered life. An extraordinary number of young women spend three years in a training school in our large cities without learning anything about those cities, except as they touch the lives of a small circle of workers in those particular hospitals.

The readjustment of the average young girl to hospital life is a difficult one, for most of them go from the absolute freedom of the present day home to the fairly strict discipline of the hospital. The patient becomes a part of that discipline. Whether in ward or private room, he turns or is turned according to bells and rules and traditions. It is a good thing for a student nurse who is still in a comparatively plastic state to get out into the world, where she will discover that the patient in his own home is master of the situation. Unless he is desperately ill, he still has the privilege of changing his mind, not once but frequently. Only the nurse keenly interested in people and with somewhat rare qualities of adaptability, can "manage" such patients from the beginning.

Only recently a young student nurse

reported to her supervisor that she had gone into a home on Monday, intending to carry out to the letter everything that she had seen an older visiting nurse do the preceding Saturday. On her way up the block, she rehearsed the conversation. She thought herself letter-perfect—questions and answers and rather skillfully given advice—that the older nurse had carried on with a patient obviously unwilling to listen to anything.

But her call was a complete failure and the little student was much relieved when the supervisor assured her that a woman so intoxicated that she did not realize that the nurse was standing in the doorway, was hardly a subject for the most diplomatically planned instruction and advice. The experience did not harm the student nurse. It was a good thing for her to know early in her career that the best laid plans often go astray.

That patient in the hospital could not have obtained liquor. She would have submitted without a murmur to a thorough examination; her diet would have been restricted regardless of her objections. The student nurse is still going to work with that patient and ultimately she will be successful, but the marked difference between the first and the second visits was an excellent object lesson for her. She knows that that patient, as the mother of little children and the expectant mother of another, must have care, whether she wants it or not. She knows that the visiting nurses exist to give that care until they can safely dismiss the patient to some other agency, and it is good for her to have to rack her brains in devising ways and means to give the help that is needed before it is too late.

Another thing that field work does for student nurses is to teach them that there seem to be almost as many doctors in the world as there are patients, and that while the doctor is legally licensed to practice medicine, she is licensed to practice nursing, which naturally involves 100 per cent coöperation with the physician.

In a sub-station conference last month, a student nurse was insisting that when patients needed care and the doctors were apparently indifferent, the nurse could take the question of care into her own hands. It happened that an older nurse, a former member of the staff, for the last two years community nurse in a small town, came in, visiting her old haunts.

The question was put up to her and she gave her experience:

> She had gone into a fairly well-to-do community of about five thousand people. Her predecessor had been in the field for several years and was much loved by the townsfolk. Search proved, however, that there was hardly a physician in town speaking to her. To the amazement of her committee, the new nurse spent her first two or three days calling on each physician, explaining her work and asking his coöperation and help. She told them about the standing orders of the Chicago association and asked if the doctors would get together and plan some orders for her, which she could use to make their patients comfortable until she could get in touch with them. Many of the doctors told her frankly that they had never dreamed that a public health nurse could show so much deference to the feelings, opinions and legal rights of a physician in any community.

Public health nurses must do much for their patients that would often be done by internes or younger doctors in hospitals. A great deal depends upon the physicians who are in charge of the patients in their homes. The same visiting nurse may meet a physician who does not want a temperature taken unless by written order and she may, in the same day, be asked to do a dressing that would be considered only a dressing for the attending's first assistant if the patient were in the hospital.

In her excursion visits to other agencies—prenatal clinics, infant welfare conferences, social service exchanges and tuberculosis sanatoriums—the student nurse learns how vast the field is and how much easier it is to get results when there is no friction but good understanding between public health nurses and other workers in the field. The student nurse working with community nurses or rural nurses discovers how few agencies and other

workers there are in large fields and how much she must learn to take upon herself if she is really going to help her people.

She discovers that the virtues of the poor have not been overrated—their stoicism, their kindness, their courtesy. She unfortunately learns, also, that their vices are not entirely due to lack of education and opportunity but that folks are folks, no matter what they seem to be externally.

Probably most associations giving field service to student nurses, plan two students to one graduate visiting nurse. They ask that the student shall come to them in their senior year after they have had obstetrical training, surgical work, some experience with children and, if possible, communicable disease training. Those of us who know the insidiousness of onset as well as the ravages of communicable diseases, hope that the day is not far distant when every student nurse will have an opportunity to work with patients suffering from infectious diseases, and will not be given a diploma when she has had only a few lectures in the classroom about the symptoms and care of these diseases.

Public health nursing organizations are frequently asked if they will not take students earlier in their training. The more mature student, to whom life is a fairly serious undertaking, is, perhaps, able to get a valuable experience if she is taken into district homes during her first six months.

To most younger students, however, readjustment to hospital life is so tremendous and ward work and classroom work take so much of their strength and energy that they see dirt where an older person would recognize signs of distress and poor housekeeping; they see vice where experience would teach them to recognize misfortune and ignorance; and they are apt to leave a tenement or a small district home, disgusted with the improvidence of its inmates or appalled by the apparent indifference of the people in power, when, actually, conditions might be much worse.

Wherever we have students—nurses or others—we have definite objectives. The successful student is one who comes from a school where service is put before education; the comfort of others before her own. "Education," as Kim's old Lama tells us, "is greatest blessing if of best sorts. Otherwise no earthly use." Education that makes the average person feel superior when she should be humble, that makes her unwilling to render any tiny service that means greater comfort and peace of mind to people in physical pain or mental distress, is no earthly use.

Success lies, sometimes, in giving a little more than one gets. In the field of public health nursing, the student nurse, after her first few days of bewilderment (for the orientation is not easy), is fortunate if she learns that she is being given an unusual opportunity to let the results of her hospital work demonstrate the value of her training, as well as her fitness to become the guide, philosopher and friend in all sorts and conditions of homes and families.

The Alumnae Association of the School for Graduate Nurses, of McGill University, Montreal, Canada, has decided to establish a memorial to the memory of the late Flora Madeline Shaw, the first Director of this school. This memorial is to take the form of an endowment fund to further nursing education through the School for Graduate Nurses, McGill University. The nucleus of the fund has been raised by the members of the Alumnae. It is hoped that Miss Shaw's friends and persons interested in nursing education will assist by sending subscriptions to this memorial. All contributions, large or small, will be welcome. Subscriptions may be sent to Miss Dorothy Cotton, 581 Sherbrooke Street, West, Montreal, Canada, Secretary-Treasurer of Alumnae Association, School for Graduate Nurses, checks to be made payable to the Flora Madeline Shaw Endowment Fund.

POT-POURRI

Hygeia for April takes occasion to issue a very timely warning in regard to the use of ultraviolet rays at home. Most of us have realized, after the first long summer day on the beach, that it is quite possible to take an overdose of sunlight. Equally if not more uncomfortable, even dangerous, is careless exposure to ultraviolet rays from the ultraviolet generating machine for home use.

Among mechanical dangers is the risk of electric shock, especially if the lamps are installed in a bathroom.

Breakage of the quartz burner may occur. Do not place the patient directly under the burner.

Many persons using these lamps are giving themselves treatment by placing the lamp at a certain distance and then lying down without covering. They time themselves by a clock, but it has happened that the patient has gone to sleep under the light for as long as an hour or more. This has caused a blistering sunburn, and has sometimes produced serious general symptoms from an inflammation of the kidneys. Hives may also be caused.

Two rare skin diseases develop in persons with skins that are susceptible to the actinic rays of light; these disorders are frequently followed by cancer.

In the Finsen Light Institute in Denmark, it was found that nurses working with their sleeves rolled up developed an excessive growth of hair on the arms. It is not serious, but in girls may be disfiguring.

It is possible that exposures of babies to an unusual amount of ultraviolet irradiation over a long period of time may cause an excessive deposition of calcium in the bones and interfere with or prevent normal growth of the bones in length. In children only signs indicate overdosage. Some of the most important of these are digestive disturbances, loss of appetite, loss of weight or failure to gain weight, disturbed sleep and increased irritability.

One of the most harmful things about the use of ultraviolet lamps without medical supervision is that the family allows it to take the place of other treatment.

Dr. Mayer of Saranac Lake, N. Y., with many years of experience, says that it is impossible to offer any fixed rules for dosage of light and methods of exposure in any form, stage or activity of tuberculosis. Each case, he says, must be studied individually by a physician.

The city of Lincoln prides itself on possessing one of the most complete and efficient Maternity and Child Welfare Schemes in the country. . . . The Maternity Home has beds for 14 patients and the percentage of occupied beds is always high. A sister-in-charge lives at the Home. Three district midwives live in different parts of the city, and between the Home and District work more than half of the whole number of births in the city are conducted by the corporation midwives. The district midwives and the Sister of the Home help with the instruction of the pupils. . . . The doctors of the city are in a rota for seeing abnormal cases at the Home.—*British Journal of Nursing.*

On the island of Juan Fernandez (Robinson Crusoe's Island) the most important event during the last year was the opening of a small maternity home, very finely equipped. Service there is under the direction of a nurse who received special training in maternity work. The Red Cross building contains a reading room and social club for the use of the islanders, and there is also a small library of good books.

A tour of Juan Fernandez and neighboring islands was made last August by the secretary of this branch, and as a result of the report he submitted to the government of Chili concerning the health situation of the inhabitants of the Easter Island, a doctor and dentist were sent out there last November to care for the health of the islanders.—*Red Cross Courier.*

Surgeon General H. S. Cumming of the United States Public Health Service has recently issued a warning against the use of any sort of vaccination shield or dressing, either at the time of or following vaccination against smallpox. Investigations have shown that such dressings cause severe "takes" and delay healing. The Surgeon General advises that no covering should be applied to the vaccination. The vaccinated spot will usually retain its natural covering, the skin itself, and in most cases, develop a dry scab without having become an open sore at any time. Should an open sore develop, as occasionally happens through injury, an antiseptic dressing may be applied for a few days. Several layers of gauze pinned to the inside of a loose fitting sleeve is, perhaps, best for this purpose. If the dressing is attached to the arm it should be large and the adhesive strips applied loosely and as far from the vaccinated site as possible.

Sir George Newman said recently: "There is no subject in the whole range of preventive medicine in which the evidence is so general and incontrovertible as in regard to the ill effects of bad housing upon the human organism." Where housing conditions are bad there are:

An increased morbidity rate.
A lessened expectation of life.
An increased general death rate.
An increased pulmonary tuberculosis death rate.
An increased measles, whooping cough and diphtheria death rate.
An increased infantile mortality rate.
An increased incidence of and death rate from rickets.
An increased incidence of anaemia and rheumatism.
An increased incidence of all the common communicable diseases.
An increased general deterioration in the health of the people leading to debility and poor physique.

Infantile paralysis, which, terrible in its after-effects, presents one of the most urgent and difficult problems confronted by modern preventive medicine, will be the object of a concerted three-year attack by an international group of scientists of which Dr. William H. Park is chairman. The International Committee for the Study of Infantile Paralysis has received $250,000 from Jeremiah Milbank of New York for the work.

Participating in the researches are Chicago, Columbia, Harvard and New York Universities, the University of Brussels and The Lister Institute of London. Dr. Park believes that the value of convalescent serum, the methods by which the disease spreads and means for its prevention can be partly or wholly solved by this study. With Dr. Park will be associated as vice-chairman, Dr. Joseph A. Blake, widely known as consulting surgeon of the Presbyterian, St. Lukes, Roosevelt and Orthopedic Hospitals in New York City.

Mothers of young babies will be interested in a recent report of a South American physician on paper diapers. Extra heavy linen weave paper napkins 20 inches square made by an American paper company have been found highly satisfactory when placed inside a cloth diaper. The paper is of such a quality that it causes even less chafing and irritation of the baby's skin than improperly washed cloth diapers. Using the paper napkins saves laundry and is extremely convenient in traveling.—*Hygeia.*

Boys and girls are cautioned against using fine wire kite strings in a warning just issued by the National Safety Council. More than one child has been shocked to death, as a result of holding on to fine wire kite strings which came into contact with electrical conductors.

Correct patterns for rompers may be had free from the Textile and Clothing Division of the Bureau of Home Economics, U. S. Department of Agriculture, Washington, D. C. Too often, say the experts, rompers are too tight at the knee band, arm hole and crotch.

They are made with too many buttons to allow for dressing oneself or to encourage good toilet habits. Rompers should have a front opening, the buttons closing the seat should be within the child's reach, raglan sleeves, simple neck binding instead of a collar, fast colors, durable materials.—*Child Welfare Magazine.*

An epidemiologist in the city of Baltimore, Md., V. L. Ellicott, M.D., found that many of the refugees would probably be without satisfactory drinking water on their return to their homes. He, therefore, experimented with the method used at the Montebellow Filtration Plant in Baltimore, and found that the addition of one level teaspoonful of alum and one-half level teaspoonful of lime to a bucket of river water, dissolved, stirred for a few minutes and poured through a filter of muslin and absorbent cotton produced a perfectly clear water in a few minutes.

He gave demonstrations to the refugees in the camp and to groups of people living in flooded or partially flooded territory. Instructions, of course, were given for sterilizing the water with chloride of lime or by boiling after filtration.—*Journal A.P.H.A.*

Both city and rural nurses will be interested to hear of a new cloth which has been developed and is being used by the Grenfell Mission workers and the Hudson Bay Company, and surprisingly, in Africa and Bermuda!

A very light, very strong, absolutely windproof material was desired which would also repel rain, be durable, and not cost much. English mills in Lancashire have woven this new cloth, called "Grenfell cloth." It is made of all cotton, in all colors, and in two layers makes a light, absolutely waterproof raincoat, or garment to wear in snowstorms over warm clothes as its surface is like silk and the snow does not stick. It has been recommended for army coats, and is in high favor at Lake Placid for winter sports. Abercrombie & Fitch, New York City, carries this stock and further information may be obtained from the Industrial Department of the Grenfell Association, 120 Tremont Street, Boston, Mass.

The latest addition to health centers in the State of Maryland was recently fitted up and opened at Kitzmiller in Garrett County. In every sense of the word it is a community affair, of the community, by it and for it. The local Health Club, under the leadership of the public health nurse of that section of the county, started the ball rolling. A small frame building centrally located was secured and everybody got busy.

Some of the industrial concerns provided lumber, paint and other supplies; three painters gave their time and transformed the exterior of the little building, electric lights were installed by two neighbors and then the teacher of home economics in the Kitzmiller high school and the girls in her classes had their turn at beautifying the interior. Finally, the furniture for the waiting room was donated by a business firm in an adjoining town.

Community health centers for colored people at which health conferences for colored mothers and children under school age, are held regularly, are gradually being established throughout Maryland. At Turner's Station in Baltimore County, the latest to be added, two conferences, one for mothers and the other for young children, are to be held each week. At Frederick a room in the basement of one of the colored churches has been set aside for this purpose. The room is well lighted and attractively furnished with an excellent equipment for health conferences and for other health activities.

The records of the State Department of Health show that the general death rates for young colored children are nearly twice as great as those for the white children in the same age groups.

Every child should have mud pies, grasshoppers, water-bugs, tadpoles, frogs, mud turtles, elderberries, wild strawberries, acorns, chestnuts, trees to climb, brooks to wade in, water-lilies, hay fields and pine cones, rocks to roll, sand, snakes, huckleberries and hornets, and any child who has been deprived of these has been deprived of the best part of his education.—*Luther Burbank.*

FIFTH ANNUAL CONFERENCE OF STATE DIRECTORS OF MATERNITY AND INFANCY WORK

Called by the Children's Bureau, April 2–5, 1928

THE subject of discussion for the first day was Care at Time of Confinement and During the Lying-in Period. Dr. Ralph Lobenstine, of New York, outlined the essentials of good maternity care, stressing the desirability of hospitalizing all primipera and abnormal cases and touched on the need for more rural hospitals, with a public health nurse—probably trained in midwifery—attached to each to do the follow-up work for the hospitals and doctors. He also mentioned the need for subsidizing well trained younger doctors who would give consultant service to local rural doctors on request.

Dr. James McCord, of Emory University, Atlanta, Ga., spoke on "Home Deliveries" and emphasized the fact that with properly trained doctors home deliveries can be carried out with a low mortality rate. He felt, however, that an outdoor delivery service was not a good place in which to train medical students, and outlined the plan of Emory University Medical School where the students receive all their training within the hospital, no attached outdoor service being maintained, with a very low accompanying mortality rate.

A most interesting paper was read by Mrs. Jean T. Dillon, director of the bureau of child hygiene of West Virginia State Board of Health, on the rural hospitals of Canada. She explained the provisions of the Union Hospital Act by which municipal hospitals are supported in small towns, and also told of the work of the Red Cross outpost hospitals and nursing homes.

An extremely vivid account was given by Dr. Dorothy Reed Mendenhall of the practice of obstetrics and midwifery in Denmark.

Maternal Mortality in Rural Districts

A number of states reported on the decline in maternal mortality in rural districts (rates from 1922–1926, compared with rates for 1917–1921, excluding 1918 when rate was high on account of influenza).

Utah reported a decrease of	35.9%
Maryland	26.1
Michigan	24.9
Indiana	23.9
Minnesota	21.0
Ohio	17.9
Pennsylvania	16.6
Virginia	10.9

The programs of the various states which brought about these decreases seemed rather similar—programs with which all public health nurses are now familiar.

Increase in education of women to demand better care.
Education of doctors and midwives.
Work of the public health nurses to secure adequate prenatal care for women.
Clinics and class work.
Wide distribution of literature.

The importance of good roads in making it possible for rural mothers to take advantage of facilities for better care was also mentioned.

Second Day Program—Infant and Preschool Problems

Dr. Richard Bolt, of the University of California, gave as means of prevention of neonatal mortality, in addition to those previously cited, the following:

Modern preventive medicine practiced by well trained physicians.
Venereal disease clinics.
Maternity hospitals.
Maternity benefits and insurance.
Research through more community studies.

Dr. Frederick Stricker, State Health Officer, Oregon, credited Oregon's lowered neonatal mortality rates to increased number of full time health

units, to greatly increased number of community health centers, and to the increased emphasis in all public health work on the prenatal period.

Infant Mortality in Rural Districts

The decline in infant mortality in rural districts, over periods similar to the maternal mortality report, was given by the following states:

Pennsylvania reported a decrease of	14.1%
Maryland	13.3
Indiana	12.6
Michigan	12.5
Ohio	12.3
New Hampshire	9.2
Kentucky	8.1
Utah	7.9

This decrease was attributed to a large number of factors:

Tuberculin testing of cattle, as pasteurization of milk has been found unreliable alone.
Child health conferences and centers.
Better birth registration.
Increase of delivery and good maternity services of visiting nurse associations and insurance companies.
Increase in number of good roads.
Breast feeding surveys.
Greatly increased use of health educational facilities by the general public.

Dr. J. A. Frank of Ohio stated that the credit for decreased maternal mortality in Ohio was largely due to the doctors, but that the credit for the decreased infant mortality rate certainly was largely due to the public health nurses of the state.

Administrative Problems—Third Day of Session

Dr. Felix Underwood, State Health Officer of Mississippi, described the centers which have been established with the help of the Rockefeller Foundation for the training of workers for full time rural health departments—health officers, nurses, and sanitary inspectors. Here workers are trained together under conditions similar to those in which they will work, so that the individual duties of the various members of the staff can be stressed in relation to the entire program. Dr. John A. Ferrell of the Rockefeller Foundation, in discussing this paper, stated that in his opinion every state will in time have to establish such a training center. The chief value of such a 3–6 weeks course of training lies in the opportunity to appraise the worker. Those who prove successful in this type of work should be encouraged later to take more training at one of the accepted schools of public health, and means found to help make this possible.

The report of the Virginia State Medical Society Committee on Investigation of Training of Midwives was given by Dr. Mary E. Brydon of Virginia. She stated that nurses could receive special training as midwives at the University of Virginia. No plan, however, has been worked out for financing the programs of such nurse midwives in rural districts. Dr. Brydon stated that the Virginia State Medical Society was favoring the establishment of prenatal clinics attached to hospital dispensaries rather than as separate unattached clinics.

KATHERINE FAVILLE

The United States Senate in March ratified the revision of the International Sanitary Convention signed at Paris on June 21, 1926.

Among the subjects dealt with in this treaty are:

Maritime quarantine, the reporting of outbreaks of diseases, sanitary precautions in infected ports and other matters relating to the prevention of the spread of diseases from one country to another. More than 40 nations signed this revision at Paris in June, 1926. (See THE PUBLIC HEALTH NURSE, November, 1926, page 600.)

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by JANE C. ALLEN

EXECUTIVE COMMITTEE MEETING

During the week of April 18, the Executive Committee held its regular spring meeting in New York City. Reports were presented from the following committees which had met during the few days previously:

Branch Development and Revisions Committee
Education Committee
Publications Committee
Lay Section Committee
Board Members Manual Committee
Advisory Committee on Field Studies

Action on the recommendation of the Service Evaluation Committee in regard to the count of maternity and new born baby visits was postponed until a further study of the method for computing costs of visits has been made. A meeting of the Service Evaluation Committee to plan for this further study was held in May.

The following committee appointments have been approved by the Executive Committee:

Committee on Nursing Relationships in County Units—Abbie Roberts, Ada Taylor Graham, Elizabeth G. Fox, Chairman.
Committee on Affiliated Activities—Katharine Faville, Dr. Michael Davis, Florence Patterson, Chairman.

STAFF PROJECTS

The service rendered the field by the staff through correspondence totaled in excess of two thousand letters during the three months' period, January to April. In addition several hundred form letters were sent out. S.O.P.H.N. presidents, chairmen of State Nurses' Association public health nursing sections, state supervising nurses and Red Cross and Metropolitan Life Insurance Company supervisors were again approached for assistance in distributing N.O.P.H.N. leaflets in the interest of memberships, subscriptions and general information as to N.O.P.H.N. services. Excellent coöperation is being rendered by all these groups.

The following additions or revisions have been made in the pamphlet and leaflet supply:

Service folder—revised.
Publications and Publicity folder—revised.
First issue of Contributor's News Letter—issued.
Listening-In—mid-winter issue printed.
Symposium of statements relative to public health nursing as character building issued.
New leaflet, "The School Nurse and the N.O.P.H.N."—printed.

The business department reports that individual memberships as of March 31st were 3,886, as compared with 3,907 at the same time last year. Last year there were carried over into 1927, 2,500 members paid to any time after July, 1926. A special letter appeal to lapsed 1926 and 1927 members was sent out in March to a total of 3,628 people and to date 163 membership renewals have been received; 20 renewal subscriptions and 29 new subscriptions came in at the same time.

Subscriptions totaled 4,116 as compared with 3,140 last year. Of this number, approximately 954 are combination orders that came in through *The Survey*. Plans have been made to share a booth with the *American Journal of Nursing* and *The Survey* at the American Hospital Association meeting in San Francisco this summer and the Catholic Hospital Association meeting in Cincinnati, June 18–22, and during the next few months the N.O.P.H.N. will also be represented by *The Survey* at a number of meetings in the East and South and on the West coast.

Will anyone knowing the present address of Mrs. Margaret Barry Norman, whose last address was 2060 W. Euclid Avenue, Detroit, Michigan, please communicate with N.O.P.H.N. headquarters?

An institute for public health nurses and committee members under the auspices of the Public Health Nursing Group of Dutchess County, New York, was held in Poughkeepsie, May 10 and 11. The Dutchess County Health Association, New York State Department of Health and the National Organization for Public Health Nursing coöperated in making the Institute successful and well attended. Among the formal papers were:

The Health of the School Child—Marie Swanson, Supervising Nurse, School Medical Inspection, New York State Department of Education.

Communicable Diseases—Nina D. Gage, Superintendent of Nurses, Willard Parker Hospital, New York City, and Mathilde S. Kuhlman, Director, Division of Public Health Nursing, New York State Department of Health.

Health Education and Publicity—Mrs. Marie F. Kirwan, Publicity Assistant, State Committee on Tuberculosis and Public Health, and Mrs. Katharine Biggs McKinney, Vice-President, Albany Guild for Public Health Nursing.

The National Conference of Social Work was held in Memphis, Tennessee, May 2–9, 1928. Miss Beatrice Short, assistant director, and Miss Lucretia Royer, business manager, attended as N.O.P.H.N. representatives. The principal papers will be printed in the social welfare magazines. We suggest that public health nurses watch particularly for the following:

The Social Work Aspect in Relation to Changing Causes of Sickness and Death—E. G. Steger.

The Effects of Financial Dependency and Relief Giving on Personality—Henry C. Shumacher, M.D.

Other points of interest to our readers were:

The Health Division of the Conference has assumed the responsibility of getting health matters before the other divisions of the Conference.

The question of a biennial instead of an annual national meeting was discussed informally by those attending.

At one of the many interesting and helpful sessions on publicity, it was suggested that agencies plan the year's publicity program on the basis of the elements that enter into such a plan. The five main factors, in plain one syllable words are: *why, who, what, how* and *when*.

First, decide what response is wanted to your publicity—is it an immediate gift, a pledge signed, or a measure endorsed? Having decided upon *why*, the second step is to think of the group to *whom* you wish to direct the appeal. An appeal to an individual contributor is quite a different one from an appeal to a court official or a church society and must necessarily be developed quite differently. Next determine *what* the subject matter is to be based on: it may be facts, figures, history, one of a dozen different things, or a combination of two or three. *How* is the publicity to be distributed, by house organ, printed pamphlets or radio? And last, but of equal importance is the fifth factor—the *when* or the time schedule. No matter how brief the publicity item may be, this fundamental plan should be followed.

BOARD MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER
Vice-President, Instructive Visiting Nurse Society, Washington, D. C.

TWO INTERESTING PROJECTS

VISITING NURSE ASSOCIATION, SYRACUSE, N. Y.

We as board members have new ideals due to the inspiration and help received at the New Haven Institute for Board Members last April. We returned with a clear realization of the necessity for reorganizing our board.

Our first steps were:

Revision of the constitution and by-laws on the lines suggested by the N.O.P.H.N.
Creation of two new committees, a Nursing Committee and a Medical Advisory Committee.

Nursing Committee

The Nursing Committee is made up of eight members. All are board members except one. Each one was chosen for ability along certain lines. One member acts as secretary. The Committee meets regularly each month. Special meetings are called when necessary. All matters requiring board action go to the Board of Directors in the form of recommendations from the committee.

Sub-committees of the Nursing Committee are:

Educational Committee—Plans for subscription to magazines covering the fields in mental and social hygiene, social service and public health nursing. These magazines are to be read and exchanged by members of the committee, then turned over to the staff library.

Stimulates individual and corporate membership in the N.O.P.H.N.

Interests the Junior League in granting scholarships for nurses to go to summer school.

Suggests to the Board the importance of an up-to-date library of the latest books on public health work. A nucleus of fifteen new books was promised, to be selected by the Executive Director, read by board members and turned over to the staff library.

Automobile Committee—Has charge of all affairs pertaining to automobiles, such as purchase, repairs, insurance.

Publicity Committee—Meets with the association's Publicity Committee to plan work, as needs are seen by the Nursing Committee. Is in close coöperation with the Community Chest publicity committee.

Other responsibilities of committee members include:

One or more attends the nurses' staff meetings and round tables that the committee may through close acquaintance with staff needs give intelligent and helpful service. Members rotate in attendance. One or more members will attend the meetings of the Medical Advisory Staff.

Medical Advisory Committee

Our Association is fortunate in having won the confidence of the public, and feels that without undue assurance, it is in a position to be a leader, in aiding any movement which will tend to bring social agencies together in working for a clean and healthy city. With this in view we asked the County Medical Academy to appoint our Medical Advisory Board with proper consideration as to personnel related to our particular work, even going so far as to name the physicians we most needed. We met ready response to our suggestions and have a splendid group of medical advisers. This group consists of:

City Health Officer and Dean, College of Medicine, Syracuse University.
Head of Tuberculosis Clinic.
Leading obstetrician in the city who is head of the prenatal clinics.
Four others representing general field and children's diseases.

All our plans will be carefully worked out with this Advisory Committee indorsed by the Academy of Medicine.

KATHARINE WARNER CHADWICK
Chairman of the Nursing Committee, Visiting Nurse Association, Syracuse, N. Y.

INSTRUCTIVE VISITING NURSE SOCIETY, WASHINGTON, D. C.

When the Nurses' Committee of the Instructive Visiting Nurse Society met in the autumn of 1927 to take up its regular winter work, it was suggested that instead of merely studying cases under the direction of our Executive Director, that it would be interesting and wise to have a more personal acquaintance with the work of our association, and with the manner in which our work coördinated with other welfare societies.

We appointed a chairman of a sub-committee to draw up a program, the plan being that the first half hour of our weekly meetings should be devoted to the regular business of the committee and that the second half hour should be turned over to the chairman of the day. The following program was drawn up and submitted to the Nurses' Committee for approval and for a choice in the allotment of subjects. At each meeting there would be one member of the Nurses' Committee responsible for the subject of the day.

Program for meetings:

Prenatal care.
Other maternity care.
Special problems of child welfare.
Orthopedic work.
Care of tuberculosis in Washington.
Social hygiene—special problems.
Possibilities of hourly service.
Mental hygiene.
Coördination with other agencies and expansion of the work.

Copies of this program with the dates and names of various chairmen were sent to all members of the Board, with an invitation to attend our meetings.

The plan was to present a clear idea of how the nurses in the field conducted their visits, how much responsibility they were allowed to assume, their connections with the doctors, their contacts with their patients, hours of service, methods of carrying cases, how they met personal and emergency problems. Each chairman was allowed to approach her subject in her own way, either by intensive study on her part, by securing some one specializing in the subject to talk, or by arranging a demonstration. These demonstrations include graphs, charts nad moving pictures from the Children's Bureau.

The future of all Instructive Visiting Nurse Associations is tremendous, and efforts such as outlined are very valuable in helping to recognize and shoulder future responsibilities.

LEITA AMORY PERKINS
Chairman Sub-committee on Program of the Nurses' Committee

INSTITUTE FOR BOARD MEMBERS

The Instructive Visiting Nurse Society of Washington, D. C., held an Institute for Board Members on Wednesday, March 28. Recognizing the educational value of the Institute held in the spring of 1927 the Society unanimously voted to hold another this year and invite delegates from neighboring associations. Two delegates attended from Richmond, Wilmington, and Baltimore. Mrs. Whitman Cross, President of the Society, presided.

The speakers were:

Miss Katharine Tucker, Director, Visiting Nurse Society, Philadelphia, Pa., "Problems of Organization with special reference to work on Committees." There was much interest shown in this subject and a very free discussion followed.

Mrs. C.-E. A. Winslow, President, Visiting Nurse Association, New Haven, Conn., "The Lay Member's Part in the Program of the Biennial Convention at Louisville, Ky."

Dr. Nathan Sinai, Assistant Director of Study of the Committee on the Cost of Medical Care, "The Cost of Medical Care."

Mr. Alan Johnston, Jr., Director, Community Fund, Baltimore, Md., "Community Chests."

Dr. William A. White, Superintendent, St. Elizabeths Hospital, Washington, D. C., "A Modern Commitment Law for the District of Columbia."

Particularly helpful was an informal talk following the luncheon hour on "Hourly Nursing" given by Miss Katharine Tucker, whose association has so successfully developed this form of service.

A delegate from Richmond writes of the Institute:

"Truly it was both inspiring and stimulating just to be with and talk to those who were at the Institute. I am sure that no one could have come away from the meeting without feeling benefited and encouraged by the informal discussions of common problems, and their solution. The wonderful addresses each dealing with widely separated subjects, and yet all linked with our common cause—what a fund of information there was in them!"

A NEW VENTURE

We in Connecticut have just lived through the largest Board Members' Division meeting of the Connecticut Organization for Public Health Nursing that we have ever had in our decade of existence. We gave a one act play! To be sure it wasn't a play at all but a "model" board meeting of a public health nursing association. The actresses were members of boards throughout the state; the presiding officer in whose gracious hands all went smoothly, was Mrs. Leonard M. Daggett of New Haven; the reports of secretary, treasurer and all the regular committees were read and discussed and recommendations approved or tabled; a delightful report from an executive director, read by its author, Miss Margaret Tymon of Bristol, told of a certain hectic and amusing day in a nurse's life; the audience, a good hundred, was a friendly and interested advisory board asking questions and sharing experience.

For an hour and a half the one act play held the audience breathless, and at luncheon which followed, we decided the meeting had been a huge success and that we all were carrying away suggestions for use in our own associations.

What did it? Publicity first; a circular to all the associations, personal letters to the twenty-five in the cast, and care in preparing the reports to be read. Try it!

ROSAMOND S. HAMMER, *Secretary, Board Members' Division, Connecticut Organization for Public Health Nursing.*

A FINE SPIRIT TO BRING TO THE BIENNIAL CONVENTION

Mind and spirit cannot be bought, it has been truly said, only labor and efficiency,—the highest things are not marketable commodities, they are only given away! . . . .

Mental exercise and education in the health and social fields, should not be left to experts and professionals alone. The new volunteer of today and all lay workers of tomorrow will realize more fully their responsibility in this regard. They will learn, too, that apart from the contribution they can make by educated service, the exploration of the field of man's relationship to man, of man in the family, the community and world state is one of the most exciting and compelling adventures that awaits their attention.

True volunteer service is after all nothing more nor less than an enlightened form of citizenship. If more of the spirit that prompts such service could penetrate the body politic, could reach municipal and governmental circles, industrial activities, the home, the school, the church, a revolutionary change would sweep over our acquisitive and materialistic society. . . . .

The patriot, Mazzini, said "It matters little that the result of our action be lost in a distance which is beyond our calculation; we know that the powers of millions of men, our brethren, will succeed to the work after us and that the object attained will be the result of all our efforts combined."—DR. HELEN R. Y. REID, *from an address to the Victorian Order of Nurses for Canada.*

Communications for this department should be sent to Mrs. G. Brown Miller, care of The Public Health Nurse, 370 Seventh Avenue, New York City.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

TAKING THE PEOPLE INTO PARTNERSHIP
AND A
NEW PLAN FOR THE SUMMER ROUND UP

"There is so much to do how can I get it all done?" is the query of many a county nurse. "Use volunteers to help you," is the usual trite answer. "That's not as easy as it sounds. I've tried it and have concluded that dependable volunteers are harder to find than the proverbial needle in a haystack. How is it done?"

There are many ways of doing it but perhaps none more genuinely effective than that used in Roanoke County, Virginia, by the Red Cross Chapter nurse, Mrs. Jane Morgan Harris, who has worked out an auxiliary organization which multiplies her efforts many times. Starting out with the three-fold aim of spreading a knowledge of hygiene throughout the county, of recruiting a small army of assistants to help with many non-technical activities thus sparing her time for more skilled service, and of distributing community responsibility, Mrs. Harris makes classes in Home Hygiene and Care of the Sick the corner stone of all her work.

In each community she begins in that section bounded by the patronage of a given public school with a class in Home Hygiene and Care of the Sick. The classes are made up of mature women, heads of families, recruited from mountainous and rural sections of the county. Every year there are several classes given to Negro women and girls.

When the class has reached its sixth or seventh lesson Mrs. Harris begins to discuss with the members local problems related to the health and general welfare of the county. By the time the class is completed the members are so interested they form a permanent club and continue to meet monthly, to which meeting the nurse is always invited. These clubs, with Mrs. Harris' guidance, undertake further reading and study of local needs and take an active interest in all efforts toward the improvement of health conditions. In 1926 forty-eight of the mothers in these classes completed the reading course in the study of maternal and infant care prepared by the Virginia State Board of Health. Roanoke County now has twenty-three such Red Cross clubs in working condition and accepting without hesitation whatever service is asked of them by their Red Cross nurse. Some of the clubs own their own meeting places, several of which are reclaimed log houses which have been turned over to them on request and propped, primed and whitewashed inside and out.

Emergency Kits and Other Services

Twenty of these clubs in 1926 raised and spent over $1,900 in their various communities, beside giving substantial assistance to the nurse in clinic work, transportation and other forms of service which could safely be entrusted to them. Hospital bills, glasses, unusual sickness expenses are often taken care of by the clubs on Mrs. Harris' recommendation for families in need of neighborly aid. Eight clubs have emergency kits, mainly for maternity needs but including some other hospital equipment. These kits meet a very definite need and are in constant requisition. The clubs furnished most of their contents, the strong, well-bound cases in which they are carried were generally the gift of certain substantial citizens. The clubs are largely responsible also for the fact that many of the country schools have scales, first aid kits, individual drinking cups, a

room thermometer, supervised hot lunches, good hand washing habits and Junior Red Cross activities.

To keep the clubs in mind of the fact that they belong to a great, national organization Mrs. Harris has recommended the reading of the *Red Cross Courier,* an article at every meeting, thus bringing to the members some refreshing ideals of work from other places. During the summer some of the clubs filled Christmas bags for the men in the Army and Navy stationed away from home.

Leaders with Imagination

In these clubs the Red Cross Chapter has three hundred serious, sincere and hardworking women deeply concerned with the welfare of their county and their Chapter and ready to show their concern in intelligent action. Few counties are wholly lacking in such potential workers. What is needed is a leader who has enough imagination to see the possibilities and enough faith to give the people an opportunity to assume actual responsibility.

Turning now to the Summer Round Up plan used last year in this county, we see another evidence of the practical value of these clubs, as well as an interesting experiment in getting the children about to enter school examined by their family doctors without any clinic machinery. For a number of years the Virginia State Department of Health had wanted to try this experiment and in the early spring Dr. Mary E. Brydon, Director of the Bureau of Child Welfare, presented the plan to the Roanoke Academy of Medicine and secured its approval.

According to the plan the doctors agreed to examine the children in their respective offices on a given day at a minimum fee ranging from $1.00 to $2.00 per child, using standard records prescribed by the State. Mrs. Harris made a survey which showed that there were about 300 children expecting to enter school in the fall. The Superintendent of Schools then sent a letter to the parents of each of these children setting forth the plan and urging them to take their children to their family doctor for examination on the chosen day. The letter also urged having corrections made and the children immunized against smallpox and diphtheria before fall. Mrs. Harris then classified these children according to districts and to the doctors named by the parents as their family physicians. A personal visit was made to each doctor; a list of his patients who expected to come for examination was given him, and the assistance of the nurse offered. The afternoon of May 6th was decided upon as the time for the examinations.

The five days prior to the date selected were used in instructing the Red Cross club members in their part of the work and in making personal visits to the doctors' offices. The material for the examinations was delivered in person to the doctors. On the outside of a 10- by 12-inch envelope the doctor's name was written, the date and hour appointed, and a list of the names of his patients. Inside the envelope were placed an examination blank, blue physical inspection cards, a notice-to-parent card, a diet list and bulletin on posture for each patient expected to attend, a Teachers' Manual containing a weight chart and a Snellen eye chart. All club members were interested in this undertaking and made house to house visits in their respective districts, urging the parents to take their children for examinations. They also furnished transportation.

Out of a possible 300 children 91 were examined by 24 doctors. It happened that two doctors were named as family doctor by 20 and 19 children respectively. Mrs. Harris and Miss Irma Fortune, Assistant Director of Public Health Nursing of the State Department of Health, who was generously loaned to the county for the occasion, assisted these two doctors. Club members assisted the other doctors. This plan seems to have many practical features that might easily be adopted by other counties in future Summer Round Up plans.

REVIEWS AND BOOK NOTES

Edited by DOROTHY DEMING

PRESCHOOL-OLOGY

"It does not take a child long to learn its parents' limitations."—Thom.

It's always the end of the loveliest day:
"Have you been a *good* girl?"
"Have you been a *good* girl?"
I went to the Zoo, and they waited to say:
"Have you been a *good* girl?"
"Have you been a *good* girl?"

Well, what did they think that I went there to do?
And why should I want to be bad at the Zoo?
And should I be likely to say if I had?
So that's why it's funny of Mummy and Dad,
This asking and asking, in case I was bad,
"Well?
Have you been a *good* girl, Jane?"

—*A. A. Milne*

EVERYDAY PROBLEMS OF THE EVERYDAY CHILD

By Douglas Thom

D. Appleton and Company, New York. Price, $2.50.

Children, the Magazine for Parents, has awarded this book a medal as the best book published for parents in 1927. The medal carries the inscription, "*Puer melior—civis optimus*"—"The better the child, the better the citizen."

This is a book which will help all those responsible for the training of children—teachers, nurses and social workers, as well as parents—to a deeper and fuller understanding of child problems. Throughout, it consistently brings forward the fact which many of us accept theoretically but few of us apply practically—namely, that the great majority of children with undesirable habits, personality deviations and delinquent trends, are not the product of an irreparable past over which there is no control, but are largely the results of the environment which has surrounded them. For the cause we must examine that environment, and for the remedy change those situations and conditions which have been factors in producing the undesirable results which the child presents.

Dr. Thom takes up some sixteen or eighteen specific difficulties which are everyday problems of everyday children, especially during those first five years of life when fundamental physical and mental habits and social attitudes are formed. He discusses these in a sane, constructive manner, illustrating his points concretely from the individual experiences of real children. This method of treatment gives one the feeling of being in an everyday world, treading the ground which is the parents' daily path, and encountering these everyday problems in their natural setting.

Throughout, the totality of the child's development and relationships are considered, giving the volume a wholesome perspective. Such a sane outlook on child problems cannot fail to help those under whose direction the developing child may indeed become "*Puer melior, civis optimus.*"

ANNE WHITNEY

GROWING UP

By Karl de Schweinitz

The Macmillan Co., New York, 1928. Price, $1.75

Growing Up is in many ways a delightful book. The story of the beginning of life is told clearly, and though there runs through the book a thread showing the poetic beauty of the author's vision, the story is told without sentimentality. The illustrations from drawings and photographs are well chosen and help in making the little book attractive and easily understood.

This reader has two criticisms to make. If the book was written for children between six and twelve years old, as the author states in his note inside the jacket cover, it is perhaps unfortunate that the most aesthetic examples of sex union in animals have not been chosen, for instance, the life of birds instead of dogs. The author

says that the book "will be most useful when it confirms a point of view already revealed by the parents and the life of the home." This is true, but many children are not in this grouping. The average parent of a child between six and twelve years of age would do well to select passages in answer to the child's questions or, if he does not ask questions, to stimulate them. A child of eleven or twelve might be given the entire book to read, providing he knew the subjects covered in the book. To adolescents, the material presented is probably familiar, though the style suggests that the author was writing for young children. An adolescent reading the book for sex instruction might feel that it lacked dignity.

The second criticism is that the style is uneven. The writer jumps from one subject to another. Interspersed between bits of jagged writing are lovely bits of prose. The effect of the book, from the point of view of composition, is rather like the baby depicted on the jacket, in which the beauty of Ralph Peacock's conception, "Out of the Everywhere," is marred for certain readers by the ill proportioned child.

Growing Up has a definite field of usefulness. It brings out facts not usually taken up in sex education, such as the attitude of the parents to the baby who is growing up and getting ready to be born. But it is odd that in a book stressing frankness so completely all mention of the mother's pain during childbirth is suppressed. This fact as well as others included in the book is due the child who asks for information.

In spite of minor defects, however, the book should be added to a shelf of texts on sex education.

GRACE ALLEN

Members of the Children's Bureau staff are now on location in New Jersey supervising the production of a film on breast feeding. The film will show that the breast fed baby is the best fed baby not only because it is much easier for the mother to nurse her baby than to prepare formulas and sterilize bottles, but because the baby who is breast fed has four times the chance for life that the bottle fed baby has. A sequence on manual expression is to be included. It is hoped that the film will be ready for release in the near future.

In connection with the nursery school articles in this number, we call attention to *The Life of Rachel McMillan,* by her sister, Margaret McMillan (J. M. Dent and Sons, Ltd., London, England). Not only the story of this pioneer social and socialist worker is told, but there are also remarkable glimpses of the early days of the Independent Party, and later, of Deptford during Zeppelin raids.

CHILD CARE AND TRAINING

A reading course for parents prepared by the Institute of Child Welfare, University of Minnesota

University of Minnesota Press, 1928. Price, $1.00.

The value of this book is so great that we are departing from our usual custom and listing the titles of chapters in order to give in the briefest form the character of their contents.

Importance of Early Years and Relation of Heredity to Environment.
Physical Growth and Development of the Child.
General Care, Including Diet and Clothing.
Children's Diseases.
Mental Growth of the Child.
Learning.
Emotional Habits.
Eating Habits.
Sleeping Habits.
Eliminative and Other Early Habits.
Constructive Discipline.
Development of Curiosity and Questioning.
Imagination, Truth, and Falsehood.
Play.
Books and Reading.
The Family.

We must add that at the end of each chapter are questions and special book lists for further study, and finally a complete bibliography including both text books and pamphlet material. We recommend this bibliography to nurses who wish suitable up-to-date, not too technical, books dealing with children.

BIBLIOGRAPHY OF RECENT PRESCHOOL PUBLICATIONS

(Publishers are in New York City unless otherwise indicated)

After the Rain—Cleanliness Customs of Many Lands. Grace T. Hallock. Cleanliness Institute.

Baby's Daily Exercises. Edward T. Wilkes, M.D. D. Appleton & Co.

Care and Feeding of Children. L. Emmett Holt, M.D., revised, 1927, by L. Emmett Holt, Jr., M.D. D. Appleton & Co.

Child Questions and Their Answers. H. W. Brown. American Social Hygiene Association.

Child's Day, The. Woods Hutchinson, M.D. Houghton Mifflin Co.

Children — The Magazine for Parents, 353 Fourth Avenue.

Developing Standards of Rural Child Welfare. Grace Abbott. *Hospital Social Service,* December, 1927.

Dramatizing Child Health. Grace T. Hallock. American Child Health Association.

Goal of May Day — Year Round Program. American Child Health Association.

Grain Through the Ages. }
Hob o' the Mill. } Grace T. Hallock and Thomas D. Wood. Quaker Oats Company, Chicago, Ill.

How to Cook for Children. Estelle M. Reilly. G. P. Putnam's Sons.

Inner World of Childhood. Frances G. Wickes. D. Appleton & Co.

Intelligent Parenthood. University of Chicago Press, Chicago, Ill.

List of Publications, American Child Health Association, 370 Seventh Avenue.

Mothers Cook Book. Barbara W. Bourjaily and Dorothy M. Gorman. D. Appleton & Co.

Nutrition Program and Teaching Outline for Preschool Health Centers and Clinics. Philadelphia Child Health Society, Philadelphia, Pa.

Objectives of the American Nursery School. Edna Noble White, Director, Merrill-Palmer School. *The Family,* April, 1928.

Out of Babyhood into Childhood. W. P. Lucas, M.D., Metropolitan Life Insurance Company.

Parent Education. R. O. Beard, M.D. University of Minnesota Press, Minneapolis, Minn.

Parenthood and the Character Training of Children. Thomas W. Galloway, Ph.D. Methodist Book Concern.

Pastimes for Sick Children. Mary S. Whitten and Hope Whitten. The Macmillan Company.

Pediatric Nursing. Gladys Sellew. W. B. Saunders Co., Philadelphia, Pa.

Preschool Health Examinations. F. L. Rector. *The Nation's Health,* July, 1927.

Preschool Service in General Health Program. East Harlem Nursing and Health Demonstration.

Problems of Childhood. Angelo Patri. D. Appleton & Co.

Provision of Efficient Sick Nursing in Homes of Children Under School Age. R. E. Bell. *Hospital Social Service,* February, 1928.

Unstable Child, The. Florence Mateer. D. Appleton & Co.

What Can We Do About Measles? George C. Ruhland, M.D., and A. Clement Silverman. *American Journal of Public Health and the Nation's Health,* February, 1928.

NEWS NOTES

The East Harlem Nursing and Health Service, New York City, through the generosity of the Milbank Memorial Fund, now offers educational experience and field training to qualified nurses and other workers in the health field.

A full-time supervisor of student activities will direct the field work of the students in coöperation with the general supervisors of the nursing staff and the special supervisors of nutrition work, health education, psychiatric social work, and research and statistics.

An advisory committee on the educational program, appointed by and responsible to the Governing Board of the East Harlem Nursing and Health Service, has been named. The membership of the committee, which includes representatives from the fields of education, nursing, medicine, nutrition, social work and statistics, gives assurance of the broad scope of the teaching program and promise of interesting developments in the correlation of allied services in the health field. Teachers College is actively interested in the teaching program, and will participate through the Departments of Nursing Education and Nutrition.

Applications for field training or observation will be considered in the light of the candidate's past experience and future plans.

At the request of the Danish Council of Nursing Miss Cornelia Petersen, Inspector of Training Schools in Denmark, is writing the history of nursing in Denmark. It has never been written before. A very recent event in the nursing history of Denmark is the opening of the new Central School for Nursing at Aarkus. The school, which provides for 70 pupils, is to be used for the Province of Jutland.

Sir Arthur Newsholme, K.C.B., M.D., of Croydon, England, is again a visitor in this country with Lady Newsholme.

A committee, on which Elizabeth G. Fox represents the public health nursing interests, has been organized to Study the Cost of Medical Care. The committee will be working on this project for five years. The program of studies may be obtained from 910 Seventeenth Street, Washington, D. C.

Wellesley College in Massachusetts has added a Consultant in Mental Hygiene to its staff in the person of Dr. Elizabeth L. Martin of Providence, R. I. Dr. Martin spends three days each week at the College for conferences with students who have difficulties of adjustment to college life involving mental and emotional problems. Dr. Martin is also Consultant in Mental Hygiene to the Women's College of Brown University in Rhode Island.

Stephanie Holjevac, Lujza Wagner and Danica Zelenjak, Rockefeller scholarship students, who have just spent a year and a half in this country, visiting Rhode Island, New York, Alabama, Tennessee, Pennsylvania and Toronto, have returned to Zagreb in Jugo Slavia to take up the organization of public health nursing work under the Ministry of Health.

The preliminary program of the Sixth Conference of the International Union Against Tuberculosis which will be held in Rome September 24–29 under the auspices of the National Italian Fascist Federation is published in the Bulletin (Vol. XIV, No. 4) of the National Tuberculosis Association.

The Visiting Nurse Association of Brooklyn, N. Y., will conduct a six weeks' course in the care of children for forty student nurses. The course will supplement the theoretical work of the student nurses and acquaint them with the public health and social service angles of their profession.

Institutes for the training of tuberculosis workers, conducted under the auspices of the National Tuberculosis Association and its affiliated state associations, will be held in:

Portland, Ore., June 25–July 7.
Berkeley, Cal., July 5–July 20.

Admission to any of the institutes is without regard to residence. Membership is by invitation only. Applications may be sent to Philip P. Jacobs, National Tuberculosis Association, 370 Seventh Avenue, New York. Registration fee, $10.

A new edition of the exhibit on *Tuberculosis in Childhood* is being prepared by the National Tuberculosis Association. The exhibit is intended for medical, public health and nursing groups. It may also be used to illustrate talks on juvenile tuberculosis. It consists of 22 panels, 16 x 18 inches each, mounted on heavy gray cardboard. The cost of the sets is $45, plus transportation charges, and they may be ordered from state tuberculosis associations or from the National Tuberculosis Association, 370 Seventh Avenue, New York City.

The New York State Department of Health has just completed the production of a four-minute motion picture film of the trailer type which deals with the very timely subject of the common cold. The picture is entitled "Sniffle's Snuffles" and stresses particularly the dangers of contagion. It is loaned for use in the State of New York without charge. Applications should be made to Supervisor of Exhibits, State Department of Health, 4 Clinton Avenue, Albany, New York.

The American Heart Association has a loan exhibit consisting of twenty-five photographs showing the results of proper and improper care of rheumatic fever in childhood. The exhibit is constructed so that it can be shipped any distance. Requests for the loan of the exhibit should be addressed to the American Heart Association, 370 Seventh Avenue, New York, N. Y.

For the fifth successive year the United States reported more smallpox cases in 1927 than any other country except India. According to state reports tabulated by the American Association for Medical Progress, there were 38,498 cases as against 33,343 cases in 1926. Only three states were entirely free from the disease last year—Connecticut, New Hampshire and Vermont.

Industrial mental hygiene has received impetus in the formation of a "Committee on Health in Industry" by The Associated Industries of Massachusetts. The committee was organized as a result of a series of talks on mental hygiene at meetings of the organization. These talks have been published in *Industry*, weekly journal of The Associated Industries of Massachusetts.

The many nurses and public health nursing groups who have had occasion to do business with the Pro-Service Uniform Company will be saddened to hear of the death of its founder and owner, John R. Maguire.

MEETINGS

The tentative program of the Fourth Annual Convention of the International Catholic Guild of Nurses to be held at Cincinnati, Ohio, June 16–22, is as follows:

Monday, June 18th, 7:30 P.M.

"The Ideals and Accomplishments of the International Catholic Guild of Nurses," by Rev. E. F. Garesche, S.J., A.M., LL.B., General Spiritual Director.

"Social Psychiatry," by Dr. Emerson North, Cincinnati, Ohio.

"The Nurse as a Public Benefactor," Mr. Bleeker Marquette, Executive Secretary, Public Health Council, Cincinnati, Ohio.

"The Educational Mission of the Guild," by Mary M. Roberts, R.N., Editor, *American Journal of Nursing*, New York, N. Y.

"The Current Education of the Nurse," by Ann Doyle, R.N., New York, N. Y.

Tuesday, June 19th, 7:30 P.M.

Report on the results of the Questionnaires sent out by the Committee on the Grading of Nursing Schools, by Dr. May Ayres Burgess, Director Committee on the Grading of Nursing Schools.

Round Table conducted by Lyda O'Shea, R.N., President of the International Catholic Guild of Nurses, on "Minimum Standards for Catholic Schools of Nursing."

Principal Paper—Sister Helen Jarrell, R.N., Supt. of Nurses, St. Bernard's Hospital, Chicago, Ill.

Wednesday, June 20th, 7:00 P.M.

Banquet followed by a program of music and addresses.

Thursday, June 21st

"Nursing Education in the British Isles," by E. O'Kane, E.R.N., Supt. of Nurses, City Hospital, Lincoln, England, and Mary Monica O'Kane, E.R.N., Supt. of Nurses, Borough Hospital and Grindon Hospital Surgical Tuberculosis, Sunderland, England.

"The Plans for Guild Insurance," by Mr. E. M. Kerwin, President, E. J. Brach & Sons, Chicago, Chairman of the Business Men's Advisory Board, International Catholic Guild of Nurses.

"The Advantages of Guild Organization," by Rev. A. J. Coudeyre, Regional Director of the International Catholic Guild of Nurses, Portland, Oregon; Rev. Jos. F. Brophy, Diocesan Director of Hospitals, Brooklyn, N. Y.; Rev. Louis J. Mayle, Spiritual Director, Toledo Chapter International Catholic Guild of Nurses, Toledo, Ohio.

"The Psychology of the Nurse," by Sister Aveline, R.N., Good Samaritan Hospital, Cincinnati, Ohio.

Medical Latin and Greek for Nurses," Sister Agnes de Sales, R.N., Good Samaritan Hospital, Cincinnati, Ohio.

Note: Those nurses who wish to make a week's end retreat at Cincinnati, immediately before the nurses' Convention are requested to send in their names and make reservation. Those who wish to make a personally conducted tour during the week which will elapse between the end of the Biennial Convention of Nurses in Louisville, Ky., and the Convention at Cincinnati, may obtain particulars of the tour by writing to the headquarters of the Guild, 124 13th Street, Milwaukee, Wisconsin.

The 57th Annual Meeting of the American Public Health Association will be held in Chicago, October 15–19, with headquarters at Hotel Stevens. The American Child Health Association and the American Social Hygiene Association will meet with this organization.

The American Federation of Organizations for the Hard of Hearing will hold its annual conference in St. Louis, June 18–22.

The annual meeting of the American Hospital Association will be held in San Francisco, August 6–10.

The Fifth International Medical Congress for Industrial Accidents and Occupational Diseases will be held in Budapest in September, 1928.

APPOINTMENTS

Mary P. Billmeyer as field nurse for the Bureau of Nursing and Child Hygiene of the State Board of Health of Oregon.

Mrs. Bride Lee Cawthon as Supervising Nurse of the Division of Nursing, City Health Department, Memphis, Tennessee.

Mildred G. Smith, R.N., formerly Educational Agent of the Minnesota State Department of Health, has been appointed Staff Associate of the National Society for the Prevention of Blindness in New York City. Miss Smith will act as liaison officer between the Society and the various nursing organizations, public and private. Miss Smith is the author of "Landmarks" which appeared in the April number of this magazine.